COF	PROFIT PROFIT POPULATION UAL REPORT 1996	FLORIDA DE Sano Sec	EPARIMENT OF STATE CITE B. Mortham TOTAL STATE TOTAL S		
DOCU 1. Corporatio	MENT # P950	00066446 (
DIME	NSION EIGHT, INC.	·			ldi žālis šālis ārist āras alas Brasa āsa sās
Principal Place of Business Mailing Address					
2606 ELM DRIVE. NE PALM BAY FL 32905 PALM BAY FL 32905					
2. Principal Pt	lace of Business	On Malling Add		3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report
	Atlantis Road	2a. Mailing Address 26		4. FEI Number 59 - 3344312	X Applied For Not Applicable
22 # E	3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
23 Melbs	owene FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 329		Zip 29	Country 30	8. This corporation has liability for Florida Statutes Yes	
ļ	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
signature	o the provisions of Sections 607.05 ad agent, or both, in the State of Fi h, and accept the obligations of, So Skyrature, typed or and name of registered ag	ection 607.0505, Florida Statute	tes, the above-named corpo zed by the corporation's boa s.	ration submits this statement for the pur ird of directors. I hereby accept the appr ad when reinstaling!	rpose of changing its registered office ointment as registered agent. I am
12. TITLE	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME STREET ADDRESS City-St-Zip	YANG, PIN F 2606 ELM DRIVE, NE PALM BAY FL 32905		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SY-ZIP		☐ Change ☐ Addition
TITLE NAME		DELETE	2 1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE NAME		☐ DELETE	2.4 CHY-ST-ZIP 3.1 TITLE		Change Addition
STREET ADDRESS CHY-ST-ZIP			3.2 NAME 3.3. STREET ADDRESS		
TITLE NAME		☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY - S1 - ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5 4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY+S1+ZIP			6.2 NAME 6.3 STREET ADDRESS		
14. I do hereby of certify that the oath; that I a	certify that the information supplied re information indicated on this ann am an officer or director of the corp block 12 or Block 13 if changed, or	oration or the receiver or to leter	shed and does not qualify to lal report is true and accurate	r the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flor	7(3)(k), Florida Statutes. I further ame legal effect as if made under ida Statutes; and that my name
SIGNATURE: Pin Fel Yang Full William Priore of Date District Priore # 2/36/96 (AP) 728 - 9338					