## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000057264

NEXT DIMENSION TECHNOLOGY, INC.

## **FILED** Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90260 006 \*\*\*150.00



•										
Principal Place	e of Business	M	ailing Address					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
365 CYPRESS DRIVE			125 CORTES AVENUE							
TEQUESTA FL 33469			ROYAL PALM BEACH FL 33411				DO NOT WRIT	T IN TUIC	CDACE	
US	;						3. Date Incorporated or Qualifed	E IN THIS	J-ACE	<del></del>
							07/05/1996	<u></u>	····	
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number		<u> </u>	olied For
21	<u> </u>	. 26					65-0682977		<del></del>	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	I
22			27				<del> </del>			<del></del>
City & State			City & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip	Country	· -	Žip	Coun	try		8. This corporation owes the curre	ent year Inta		□No
24	25	29		30			Personal Property Tax.			
	9. Name and Addres	ss of Current Regis	stered Agent		B1	Name	10. Name and Address of New R	egistereu »	Aaitt	
DIM	AS NAMCY			1	ו'י					
DIMAS, NANCY 125 CORTES AVENUE					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			}
							<u> </u>			
ROYAL PALM BEACH FL 33411-1301					83					1
				To the	84	City		FI	85 Zip C	ode
								FL	has sing its	rogistorod
office or r	dad a trans harara	in the State of Flori	da. Such change was au	thorized	bv th	named corpo ne comoration	oration submits this statement for the in's board of directors. I hereby accep	purpose of o t the appoin	manging its Itment as reg	registered jistered
agent. I a	m familiar with, and acce	ept the obligations of	f, Section 607.0505, Flori	da Statut	es.					
SIGNATURE	•					. 10				}
	Signature, typed or printed name			<u> </u>	gent s	signature required	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	DS IN 12
12.		FFICERS AND DIRE	DELETE	13.			ADDITIONS/CHANGES TO OFF	-IUCKS AN	☐ Change	Addition
1			- Deterie							
NAME SLAIGHT, PAUL				1.2 NAM						I
STREET ADDRESS 125 CORTES AVENUE						4				
•				1.3 STR	EET AI	DORESS				
CITY-ST-ZIP	ROYAL PALM BEAC			1.3 STR 1.4 CITY	EETAI /-ST-Z				Change	Addition
	ROYAL PALM BEAC		DELETE	1.3 STR	EETAI /-ST-Z				☐ Change	Addition
CITY-ST-ZIP	ROYAL PALM BEAC S DIMAS, NANCY	CH FL 33411-1301		1.3 STR 1.4 CITY	EET AI /-ST-Z E				☐ Change	Addition
CITY-ST-ZIP	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN	<u>CH FL 33411-1301</u> IUE	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EETAI /-ST-Z E				☐ Change	Addition
CITY-ST-ZIP TITLE NAME	ROYAL PALM BEAC S DIMAS, NANCY	<u>CH FL 33411-1301</u> IUE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EETAI (-ST-Z E ME	ZIP DORESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN	<u>CH FL 33411-1301</u> IUE	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	EET AI (-ST-Z E ME ME EET AI Y-ST-	ZIP DORESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	EET AI (-ST-Z E ME MEET AI Y-ST-	ZIP DORESS		-		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	☐ DELETE	1.3 STR 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	EET AI (-ST-Z E ME MEET AI Y-ST- E	ZIP DORESS		_		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	☐ DELETE	1.3 STR 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	EET AI  /-ST-Z E  /E  /E  /E  /E  /E  /E  /E  /E  /E	ZIP  DORESS  ZIP  ADDRESS		-	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	EET AI Y-ST-ZE AE BEET AI Y-ST-ZE REET AI Y-ST-ZE	ZIP  DORESS  ZIP  ADDRESS		-		
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	DELETE	1.3 STR  1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.5	FET AIR  FET	ZIP  ADDRESS  ADDRESS  ZIP  ADDRESS		-	☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	FET AIR  FET	ZIP  ADDRESS  ADDRESS  ZIP  ADDRESS		-	☐ Change	{ ☐ Addition ☐ Addition ☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	DELETE  DELETE  DELETE	1.3 STR  1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.5	FET AIR  (-ST-2  E  AE  AE  AE  AE  AE  AE  AE  AE  AE	ZIP  ADDRESS  ADDRESS  ZIP  ADDRESS		-	☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	ROYAL PALM BEAC S DIMAS, NANCY 125 CORTES AVEN ROYAL PALM BEAC	<u>CH FL 33411-1301</u> IUE	DELETE  DELETE  DELETE	1.3 STR  1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITTL 6.2 NAM	FET AI  (-ST-2)  E  AE  AE  AE  AE  AE  AE  AE  AE  AE	ZIP  ADDRESS  ADDRESS  ZIP  ADDRESS		-	☐ Change	Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561.743.8449

CR2E034 (11/98)