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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000074607 (8)

DIMENSIONAL DATA DESIGN, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



1901 SEPLER FERN PARK F		1901 SEPLER DRIVE FERN PARK FL 32730			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualified 09/09/1996		,,
2. Principal P	lace of Business	2a. Mailing Address					Applied For
21		26			59-3402248	<u> </u>	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.	75 Additional
22		27			5. Certificate of Status Desired	T	e Required
City & State	6	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	current yea	ar Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes	12 170
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
	LIN, R AMSEY		81	Name			
	E. PINE STREET #1402		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
ORI	LANDO FL 32801			1			
			83				
			84	City		85	Zip Code
11. Pursuant i	to the provisions of Sections 607 050	12 and 607 1508. Elorida Statut	es the abov	e-named cor			no ito ropiotoro
office or re	egistered agent, or both, in the State	of Florida, Such change was a	authorized b	y the corpora	rporation submits this statement for the purpose at on's board of directors. I hereby accept the a	appointmer	nt as registered
ayern. i a	m familiar with, and accept the oblig	ations of Section 607 0505, FR	orida Statule	S.			
SIGNATURE	Signature, typed or printed name of registered age	estand the disorteable // INOI	F Registered Ac	ont s consture reco	ured when ruinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		TORS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Chai	
NAME	CHARLES, PATRICK		1.2 NAME				
STREET ADDRESS	1901 SEPLER DRIVE			I ADDRESS			
CITY-ST-ZIP	FERN PARK FL 32730		1.4 CITY -				
TITLE	0	☐ DELETE	2.1 TITLE			Char	nge Addition
NAME	FRANK, MARK		2.2 NAME		T.		
STREET ADDRESS	8321 FORT THOMAS WAY			ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL 32822		2 4 CITY-				
TITLE	D	DELETE	3 1 TITLE	0, 2,		Char	nge 🔲 Addition
NAME	CHARLES, PATRICIA		3 2 NAME				
STREET ADDRESS	1901 SEPLER DRIVE			ADDRESS			
CITY-ST-ZIP	FERN PARK FL 32730		3.4. CITY -				
TITLE		DELETE	4.1 TITLE	o, £11		☐ Char	nge Addition
NAME		—	4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE	, EH		Char	nge Addition
NAME			5.2 NAME]		\$1,60	-g
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CRY-S				
TITLE		DELETE	61 TITLE	21 - ER		Char	ge Addilior
NAME			6.2 NAME			L. Onai	.g nadilloi
STREET ADDRESS			6.3 STREET	ADDRESS	•		
CITY, CT. 700			0.3 51800	ADDITION I			

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 trusted 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

PATRICK R. CHARLES