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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P97000038822 (7)

INTERNET DIMENTIONS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 855 SOUTH FEDERAL HWY 855 SOUTH FEDERAL HWY SUITE 212K SUITE 212K/ DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** BOCA PATON FL 33432 3. Date Incorporated or Qualified 05/01/1997 2a. Mailing Address
6 P.O BOX 2. Principal Place of Busines Applied For 65-0750473 3401 N. FEDERAL HW Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE **PSTD** 1.1 TITLE Change Addition NAME EILON, TAL S 1.2 NAME 855 \$ FEDERAL HWY, STE 212K STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TOLE Change NAME MEILON, OFIR 2.2 NAME 3401. N. FEDERAL HWY, SUITE-110 STREET ADDRESS 2.3 STREET ADDRESS BOCA-RATON, FL, 33431 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE **DELETE** 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 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 conjever 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.

SIGNATURE:

4/10/98