

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 27 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091217 (4)

1. Corporation Name  
DIMENSION SYSTEMS, INC.



Principal Place of Business: 1205 CALLISTA AVE. VALRICO FL 33594  
Mailing Address: 1205 CALLISTA AVE. VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified: 10/22/1997  
4. FEI Number: 59-3473837 Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No (X)

9. Name and Address of Current Registered Agent  
SIMS, DEBORAH L  
1205 CALLISTA AVE.  
VALRICO FL 33594

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPST	<input type="checkbox"/>
NAME	SIMS, THOMAS C	
STREET ADDRESS	1205 CALLISTA AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 its 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 in an attachment with an address.

SIGNATURE: *Thomas C Sims* 1/20/99 813-689-4552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0368067

CR2E034 (10/97)