## -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 # P97000108920

1. Corporation Name

DIMENSION MOTORS, INC.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90107 012 \*\*\*150.00



	•						
Principal Place	e of Business	Mailing Address	-		t ipprigge sie letti teen pent Centi ontei ill		E 11611 981  186
1718 NW 38TH STREET         2301 N.W. 87TH AVENUE           LAUDERHILL FL 33311         SUNRISE FL 33322					DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualifed</li> <li>12/30/1997</li> </ol>		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	A	pplied For
21		26			65-0860650		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name	•		
SINGH, SUBASH				82 Street Add	dress (P.O. Box Number is Not Acceptable)	_	
2301 NW 87TH AVENUE				L., J	<u> </u>		
SUN	RISE FL 33322			83			
				84 City		. 85 Zip	Code
					F	L     `	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flor	es, the a uthorized rida Stat	bove-named corp toy the corporatiutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing it pointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agen	- della dessation della	Panintara	Agent signature require	red when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	Agent signature require	- ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	DELETE	1.1 77	TLE		Change	Addition (
NAME	SINGH, SUBASH		1.2 N	ME.			ĺ
STREET ADDRESS	2301 N.W. 87TH AVENUE		1.3 S	TREET ADDRESS			į
CITY-ST-ZIP	SUNRISE FL 33322		1.4 C	TY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 ∏	TLE		☐ Change	☐ Addition
NAME	SINGH, DEVENDRA		2.2 N	AME			
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CITY-ST-ZIP	SUNRISE FL 33322		.2.40	ITY-ST-ZIP			
TILE		☐ DELETE	3.1 TI			☐ Change	☐ Addition
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CITY-ST-ZIP	Ì		3.4.0	rry-st-z:P			
TITLE		☐ DELETE	4.1 TI	TLE		Change	☐ Addition
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STREET ADDRESS			4.3 S	TREET ADDRESS		•	
CITY-ST-ZIP	<u> </u>		4,4 C	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 ∏	TLE	•	Change	☐ Addition
NAME			5.2 N	AME .			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			_4	TY-ST-ZIP			
TITLE		☐ DELETE	6.1 TI			Change	☐ Addition
NAME	]		6.2 N	AME			
STREET ADDRESS	<b> </b>		6.3 S	TREET ADDRESS			

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 or an attachment with an address, with all other like empowered.

6.4 CfTY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR