## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## May 24, 1999 8:00 am Secretary of State

05-24-1999 90022 012 \*\*\*150.00

	1999	1			ATIONS	_!				
DOCUI	MENT #	P980000	31753							
HEW DIMENSION REALTY, INC.  FLORIDA Commercial Exchange Realty. INC.										
FLOR	eida Goi	umercial E	ich mige blea	icty	isse					
Principal Place	e of Business					1	<b>ülkli ditieri adlialı trimi</b> istası	EMBEL Altabl still shas		
1010 DUNGARE	STREET 22	16 E.O444 1	CH310-DUNNINE STREET T	2216	E. Ouvek	<b>4</b> }				
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PENSACOLA-FL	- 32504 Oc.	SHEW UM FR.	RENSACOLA FL-32304	Pans.	Aco UN FU	2. Date Incompressed of Qualifed				
)	Jen	314	T14		32514	04/03/1998	' 			
	tace of Business		2a. Mailing Address			4. FEI Number	<u>ہ</u> ۔	Applied For		
	· E Ou	se Rd.	26 2216 G.	June	. Ka.	59-35/196				
Suite, Apt.	•		Suite, Apt. #, etc.	~ ~~		5. Certificate of Status Desired	7.			
	fre 103		City & State		<del></del> _					
City & State  City & State  23 FENSACOM. FC. 28 FENSACUL					Election Campaign Financing     Trust Fund Contribution					
Zip		Country	Zip 325/4	Con		8. This corporation owes the cui				
24 325		ESCHOLDIA	Z9	30 0	semmb, A	Personal Property Tax.  10. Name and Address of New		LINO .		
<u></u>	9. Name and	Address of Current	Registered Agent		81 Name	10. Hame and Adoress of the	Magister ou Agent			
HOW	ARD. WILLIAM	I R				<u> </u>		Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees  Int year Intangible Yes No gistered Agent		
8233 MONTICELLO DR.					82 Street Addre	ess (P.O. Box Number is Not Accept	iable)	1		
PENSACOLA FL 32514					83					
(								7'- O-da		
}					84 City		FL 85	Zip Code		
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	pove-named corpo	oration submits this statement for the	purpose of changing	g its registered		
office or n	egistared agent,	or both, in the State of	Florida, Such change was a section 607 0505. Florida.	authorized	by the corporation	m's board of directors. I hereby acce	pt the appointment	es registered		
				J, 5- 0.0.				{		
SIGNATURE	Signature, typed or pri	nted name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature required		DATE			
12.		OFFICERS AND		13.						
TITLE		J.C. TR. DIE		_+_		ADDITIONS/CHANGES TO O		CTORS IN 12		
NAME	WILLIAM R. HOWARD			1.1 70	1	ADDITIONS/CHANGES TO O	FICERS AND DIRE	ectors IN 12 g		
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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 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 attackment with an address, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

950)-179-7322 - Dayline Phone #