


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90091 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000072996</b>		
1. Corporation Name <b>DIMENSION ONE REALTY, INC.</b>		

Principal Place of Business  
 209 SOUTHSORE DRIVE  
 DESTIN FL 32541

Mailing Address  
 209 SOUTHSORE DRIVE  
 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>940 Douglas Ave</b> Suite, Apt. #, etc. 22 <b>104</b> City & State 23 <b>Altamonte Springs FL Seminole</b> Zip 24 <b>32714</b>		25. Mailing Address 26 <b>940 Douglas Ave</b> Suite, Apt. #, etc. 27 <b>104</b> City & State 28 <b>Altamonte Springs FL Seminole</b> Zip 29 <b>32714</b>		3. Date Incorporated or Qualified <b>08/19/1998</b>	
		4. FEI Number <b>59-2932754</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SELIGMAN, SANFORD L</b> <b>209 SOUTHSORE DRIVE</b> <b>DESTIN FL 32541</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>880 Belville Blvd</b> 84 City <b>NAPLES</b> FL 85 Zip Code <b>34104</b>			
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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 *Sanford L. Seligman* **Sanford L. Seligman** **1-4-99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>President</b>	<b>Sanford L. Seligman</b>	<b>880 Belville Blvd</b>				
		<b>Naples, FL</b>	<b>34104</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *Sanford L. Seligman* **Sanford L. Seligman** **1-4-99** **941-353-6530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Reference: Letter number 099A00017855