

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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90003 001 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000077140**

1. Corporation Name  
**FIFTH DIMENSION CONSTRUCTION AND DESIGN, INC.**

Principal Place of Business <b>4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 105 Banyan Circle</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Jupiter</b> Zip <b>24 33458</b> Country <b>25</b>	2a. Mailing Address <b>26 105 Banyan Circle</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Jupiter</b> Zip <b>29 33458</b> Country <b>30</b>
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3. Date Incorporated or Qualified <b>09/04/1998</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0861215</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LIMGNE, GARY F 4360 NORTHLAKE BLVD. SUITE 205 PALM BEACH GARDENS FL 33410</b>
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10. Name and Address of New Registered Agent <b>81 Name Silvino R Foglia</b> <b>82 Street Address P.O. Box Number is Not Acceptable 105 Banyan Circle</b> <b>83</b> <b>84 City Jupiter</b> <b>FL</b> <b>85 Zip Code 33458</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 Silvino R. Foglia DATE 4-29-99  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>FOGLIA, SILVINO R</b>
STREET ADDRESS	<b>4360 NORTHLAKE BLVD. STE 205</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Silvino R Foglia</b>
1.3 STREET ADDRESS	<b>105 Banyan Circle</b>
1.4 CITY-ST-ZIP	<b>Jupiter, Fl 33458</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Silvino R. Foglia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (561) 746-1396  
Date Daytime Phone #

0328271

CR2E034 (11/98)