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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:23

DOCUMENT # **V08402** (2)

Principal Business Name
JL DIMENSIONS MARKETING, INC.

DO NOT WRITE IN THIS SPACE

Principal Office Address: **5850 LAKEHURST DR. SUITE 250-1 ORLANDO FL 32819 US**

Mailing Address: **5850 LAKEHURST DR. SUITE 250-1 ORLANDO FL 32819 US**

3. Date Incorporated or Qualified: **01/21/1992**
3a. Date of Last Report: **03/15/1994**

2. Principal Office of Operations: **7200 International Dr. Suite Apt # etc: SUITE 108 City & State: Orlando, Florida Zip: 32819 Country: US**

2a. Mailing Address: **7200 International Dr. Suite Apt # etc: SUITE 108 City & State: Orlando, Florida Zip: 32819 Country: US**

4. FEI Number: **59-3104346**
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 has liability for intangible tax under S. 199 (32), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **TORRES, MARIA DEL R. 5058 EASTWIND DR. ORLANDO FL 32819**

10. Name and Address of New Registered Agent: **B1 Name: TORRES, MARIA DEL R. B2 Street Address (P.O. Box Number is Not Acceptable): 11725 WATER STAR COURT B3 B4 City: ORLANDO FL B5 Zip Code: 32837**

11. Pursuant to the provisions of Sections 607.0902 and 607.1909, Florida Statutes, this 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 607.0909, Florida Statutes.

SIGNATURE: *[Signature]* 1/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	PSD NAME: BONILLA, RAFAEL STREET ADDRESS: AVE. APOLO, C-21, URB. APOLO CITY & STATE: GUAYNABO PU	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PSD NAME: BONILLA, RAFAEL STREET ADDRESS: AVE. APOLO C-21 URB. CITY & STATE: GUAYNABO, P.R. 00969
OFFICER	VID NAME: TORRES, MARIA DE ROCIO STREET ADDRESS: 5058 EASTWIND DR. CITY & STATE: ORLANDO FL	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VID NAME: TORRES, MARIA DEL ROCIO STREET ADDRESS: 11725 WATER STAR COURT CITY & STATE: ORLANDO FL 32837
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that I am familiar with and accept the obligations of Section 607.0909, Florida Statutes. I further certify that the information submitted in this filing complies with the requirements of Sections 607.0902 and 607.1909, Florida Statutes, and that my signature and the signature of the registered agent are in compliance with the provisions of Section 607.0909, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR