

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V10186** (7)

1. Corporation Name

MULTI DIMENSIONAL PRINT CORPORATION

Principal Place of Business

18540 SE 55TH PLACE
OKLAWAHAH FL 32179
US

Mailing Address

18540 S.E. 55TH PLACE
OKLAWAHAH FL 32179
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
02/17/1994

4. FEI Number
59-3107012

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. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, BARRY
18590 SOUTHEAST 55TH PLACE
OKLAWAHAH FL 32179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

4/17/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP**
NAME **OYSTEN MIKELSEN**
STREET ADDRESS **61 HIGH STREET**
CITY-ST- ZIP **BUCKDEN PE**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **FLAT A, 14th FLOOR, 1 MOUNT STEELING MALL**
1.4 CITY-ST- ZIP **MEI FU, SUN CHIA, KOWLOON, HONG KONG**

TITLE **DP**
NAME **ROBERTSON, GAIL**
STREET ADDRESS **61 HIGH STREET**
CITY-ST- ZIP **BUCKDEM. PE18 PTA EN**

2.1 TITLE Change Addition
2.2 NAME **RESIGNED 1/31/94**
2.3 STREET ADDRESS
2.4 CITY-ST- ZIP

TITLE **DVPS**
NAME **ROBERTSON, BARRY**
STREET ADDRESS **18590 SOUTHEAST 55TH PLACE**
CITY-ST- ZIP **OKLAWAHAH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE:

BARRY ROBERTSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95
DATE

902-496-6631
Telephone #