

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F75026** (7)
1. Corporation Name: **DIMPLES, INC.**



Principal Place of Business: **2815 HARTLAND RD FALLS CHURCH VA 22043**
Mailing Address: **2815 HARTLAND RD FALLS CHURCH VA 22043**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/05/1982**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **54-1200138**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. The city agent, the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____
Signature of the person authorized to sign this report _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	RATNER, ANN	
STREET ADDRESS	4616 FOXHALL CRESCENTS	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SIEGEL, RONALD G.	
STREET ADDRESS	2815 HARTLAND RD.	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	RATNER, DENNIS F	
STREET ADDRESS	2815 HARTLAND RD.	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FELDMAN, DAVID E	
STREET ADDRESS	10505 JUDICIAL DR	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POZEZ, NORMAN	
STREET ADDRESS	2815 HARTLAND RD.	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PITTMAN, JAMES B	
STREET ADDRESS	10505 JUDICIAL DR	
CITY-ST-ZIP	FAIRFAX VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 in power, I 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 affidavit.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (703) 698-7090

CR2E034 (12/95)