

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

**FILED**  
**Feb 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F75026 (7)**

1. Corporation Name  
**DIMPLES, INC.**



Principal Place of Business <b>2815 HARTLAND RD                  FALLS CHURCH VA 22043</b>	Mailing Address <b>2815 HARTLAND RD                  FALLS CHURCH VA 22043-3548</b>
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3. Date Incorporated or Qualified <b>04/05/1982</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>54-1200138</b>	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATNER, ANN</b>	1.2 NAME	
STREET ADDRESS	<b>4616 FOXHALL CRESCENTS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, RONALD G.</b>	2.2 NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATNER, DENNIS F</b>	3.2 NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, DAVID E</b>	4.2 NAME	
STREET ADDRESS	<b>10505 JUDICIAL DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POZEZ, NORMAN</b>	5.2 NAME	
STREET ADDRESS	<b>2815 HARTLAND RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FALLS CHURCH VA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTMAN, JAMES B</b>	6.2 NAME	
STREET ADDRESS	<b>10505 JUDICIAL DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **2-14-97** (903) 698-7090  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)