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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90111 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F75026**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1982

4. FEI Number **54-1200138**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country 25

29 Zip Country 30

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. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **S RATNER, ANN**
 STREET ADDRESS **4616 FOXHALL CRESCENTS**
 CITY-ST-ZIP **WASHINGTON DC**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **AS SIEGEL, RONALD G.**
 STREET ADDRESS **2815 HARTLAND RD.**
 CITY-ST-ZIP **FALLS CHURCH VA**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DPT RATNER, DENNIS F**
 STREET ADDRESS **2815 HARTLAND RD.**
 CITY-ST-ZIP **FALLS CHURCH VA**

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

TITLE DELETE
 NAME **AS FELDMAN, DAVID E**
 STREET ADDRESS **10505 JUDICIAL DR**
 CITY-ST-ZIP **FAIRFAX VA**

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

TITLE DELETE
 NAME **AS POZEZ, NORMAN**
 STREET ADDRESS **2815 HARTLAND RD.**
 CITY-ST-ZIP **FALLS CHURCH VA**

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

TITLE DELETE
 NAME **AS PITTLEMAN, JAMES B**
 STREET ADDRESS **10505 JUDICIAL DR**
 CITY-ST-ZIP **FAIRFAX VA**

6.1 TITLE Change 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:

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

2-8-99
 Date

(703)698-7090
 Daytime Phone #

CR2E034 (1/198)