


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90084 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000009670

1. Corporation Name
DINE REALTY, INC.

Principal Place of Business 766-B HUDSON AVE SARASOTA FL 34236	Mailing Address 766-B HUDSON AVE SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4055 MACCACHEN BLVD Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip Country 24 34233 25 SARASOTA	2a. Mailing Address 26 4055 MACCACHEN BLVD Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip Country 29 34233 30 SARASOTA
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3. Date Incorporated or Qualified 01/28/1998	4. FEI Number 65-081-7821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BONE, DAVID D
 766-B HUDSON AVE
 SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name DAVID D. BONE	82 Street Address (P.O. Box Number is Not Acceptable) 1952 FIELD RD	83 SUITE B	84 City SARASOTA	85 Zip Code FL 34231
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DINE, HIKMET	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NORWOOD NJ 07648	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARLENE DINE	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NORWOOD NJ 07648	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	ERIKA DINE	
STREET ADDRESS	4055 MACCACHEN BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	SUSANNA DINE	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NORWOOD NJ 07648	
TITLE	2 ND VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	MELISSA DINE	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NORWOOD NJ 07648	
TITLE	3 RD VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	DIANA DINE	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NORWOOD NJ 07648	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Hikmet Dine HIKMET DINE 2/1/99 941-9226700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)