


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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90003 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000004906 (0)
 1. Corporation Name
 Dime Securities, Inc.

Principal Place of Business: EAB Plaza, 15th Floor, Uniondale, NY 11556
 Mailing Address: EAB Plaza, 15th Floor, Uniondale, NY 11556

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 09/18/1997

2. Principal Place of Business: 9 Dekalb Ave., Brooklyn, NY 11201
 2a. Mailing Address: 9 Dekalb Ave., Brooklyn, NY 11201
 23. City & State: Brooklyn, NY 11201
 24. Zip: 11201, 25. Country: USA

4. FEI Number: 13-3622706
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent
 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: _____ 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: PD	NAME: Diamond, J E	STREET ADDRESS: 9 Dekalb Avenue	CITY-ST-ZIP: Brooklyn, NY 11201	<input type="checkbox"/> DELETE
TITLE: V	NAME: Newman, John F	STREET ADDRESS: 9 Dekalb Avenue	CITY-ST-ZIP: Brooklyn, NY 11201	<input type="checkbox"/> DELETE
TITLE: S	NAME: Monheit, Robert S	STREET ADDRESS: EAB Plaza, 15th Floor	CITY-ST-ZIP: Uniondale, NY 11556	<input type="checkbox"/> DELETE
TITLE: TD	NAME: Ciancarelli, Stephen	STREET ADDRESS: 9 Dekalb Avenue	CITY-ST-ZIP: Brooklyn, NY 11201	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME: Hart, Jacquelyn A	
3.3 STREET ADDRESS: EAB Plaza, 10th Floor	
3.4 CITY-ST-ZIP: Uniondale, NY 11556	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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: *John F. Newman* John F. Newman 6/17/99 718-403-778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #