

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

06-25-1999 90003 020 ***550.00

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

21 9 Dekalb Ave.

Suite, Apt. #, etc.

22

City & State

23 Brooklyn, NY 11201

Zip

Country

24 11201

25 USA

2a. Mailing Address

26 9 Dekalb Ave.

Suite, Apt. #, etc.

27

City & State

28 Brooklyn, NY

Zip

Country

29 11201

30 USA

4. FEI Number

13-3622706

Applied For

Not Applicable

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Diamond, J E

STREET ADDRESS 9 Dekalb Avenue

CITY-ST-ZIP Brooklyn, NY 11201

TITLE V ☐ DELETE

NAME Newman, John F

STREET ADDRESS 9 Dekalb Avenue

CITY-ST-ZIP Brooklyn, NY 11201

TITLE S ☐ DELETE

NAME Monheit, Robert S

STREET ADDRESS EAB Plaza, 15th Floor

CITY-ST-ZIP Uniondale, NY 11556

TITLE TD ☐ DELETE

NAME Ciancarelli, Stephen

STREET ADDRESS 9 Dekalb Avenue

CITY-ST-ZIP Brooklyn, NY 11201

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

Date

718-403-778

Daytime Phone #