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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01261

(7)

1. Corporation Name

DIME FLORIDA CONSOLIDATION CORP.

Principal Place of Business

C/O WILLIAM P. MCCAUGHAN
80 SW 8TH ST. STE 2803
MIAMI FL 33130
US

Mailing Address

C/O WILLIAM P. MCCAUGHAN
80 SW 8TH ST SUITE 2803
MIAMI FL 33130-3004
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MCCAUGHAN, WILLIAM P.
80 SW 8TH ST. STE 2803
MIAMI FL 33130

3. Date Incorporated or Qualified

03/19/1984

3a. Date of Last Report

04/29/1996

4. FEI Number

13-3222300

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 V ☐ DELETE

NAME BRATHWAITE, GAIL
STREET ADDRESS EAB PLAZA-EAST TOWER 14TH FL.
CITY-ST-ZIP UNIONDALE NY 11556

TITLE DP ☐ DELETE

NAME WRIGHT, FRANKLIN L. JR
STREET ADDRESS 589 FIFTH AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE

NAME COLASANO, PAUL D
STREET ADDRESS EAB PLAZA-EAST TOWER, 14TH FLOOR
CITY-ST-ZIP UNIONDALE NY

TITLE D ☐ DELETE

NAME BRITELL, JENNE K
STREET ADDRESS EAB PLAZA-EAST TOWER, 14 TH FLOOR
CITY-ST-ZIP UNIONDAL NY

TITLE VAS ☐ DELETE

NAME SIBLANO, LINDA
STREET ADDRESS EAB PLAZA-EAST TOWER
CITY-ST-ZIP UNIONDALE NY

TITLE S ☐ DELETE

NAME MONHEIT, ROBERT S
STREET ADDRESS EAB PLAZA-EAST TOWER 15TH FL.
CITY-ST-ZIP UNIONDALE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D FRIEDMAN, MICHAEL D.
EAB PLAZA-EAST TOWER, 11th FLOOR
UNIONDALE, NY 11556

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

Date

(516) 745-2908

Daytime Phone

CR2E034 (9/96)