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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

**DOCUMENT** #

P01261

(7)

DIME FLORIDA CONSOLIDATION CORP.

## FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				E SODINGAL IN AGENT NOTA MAIR BITER THAT BITER AND THE BITER BITER BITER BITER BITER BITER		
MIAMI FL 33130 MIAMI FL 33130		GHAN				
		80 SW 8TH ST SUITE 28	80 SW 8TH ST SUITE 2803			
		MIAMI FL 33130 US			DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	4UE
03		Võ			1	
2. Principal P	lace of Business	2s. Mailing Address	<del></del>		03/19/1984 4. FEI Number	Applied For
21 26		<u> </u>			13-3222300	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.			****			\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	<b>7</b> (p)	Zip Country		8. This corporation owes or has paid the curren	t year Intangible
24	25		10		Personal Property Tax due June 30.	_
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent
MCCAUGHAN, WILLIAM P. 80 SW 8TH ST. STE 2803			81	81 Name		
			82	Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130			<u> </u>			
			83			
1			84	City		85 Zip Code
					FL	
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.						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature: typed or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		Hegistered Age	nt signeture	a required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	DECTODS IN 12
TITLE	V	M DELETE	1.1 TITLE			Change K Addition
NAME	BRATHWAITE, GAIL	_	1.2 NAME		John Naclerio	
STREET ADDRESS	l		1.3 STREET ADDRESS		101 Mamaroneck Ave.	
CITY-ST-ZIP	UNIONDALE NY 11556		1.4 CITY-S		Mamaroneck, NY 10543	
TITLE	DP	DELETE	2.1 TITLE			Change  Addition
NAME	WRIGHT, FRANKLIN L. JR	•	2.2 NAME		Roger A. Sutphen	, - <del>1</del> 1
STREET ADDRESS	589 FIFTH AVE.		2.3 STREET	AODRESS	231 East Ave., Suite 200	
CITY-ST-ZIP	NEW YORK NY 10017		2.4 CITY-5		Albion, NY 14411-1678	
TITLE	D	DELETE	3.1 TITLE		V	Change 🙀 Addition
NAME	COLASONO, PAUL D	n	3.2 NAME		Gregory D. Liegey	<b>7</b>
STREET ADDRESS	EAB PLAZA-EAST TOWER, 1	4TH FLOOR	3.3 STREET	ADDRESS	EAB Plaza, East Tower, 13th	Floor
CITY-ST-ZIP	UNIONDALE NY		3.4. CITY- S	T-ZIP	Uniondale, NY 11556-0123	
TITLE	D	DELETE	4.1 TITLE		AV D	Change 🙀 Addition
NAME	FRIEDMAN, MICHEAL D	*	4. 2 NAME		Timothy R. Hapeman	n.
STREET ADDRESS	EAB PLAZA-EAST TOWER, 1	4 TH FLOOR	4.3 STREET	ADDRESS	231 East Ave., Suite 200	[
CITY-SI-ZIP	UNIONDAL NY		4.4 CHY-S	T- <b>2</b> IP .	Albion, NY 14411-1678	
TITLE	VAS	DELETE	5.1 TITLE			Change 🙀 Addition
NAME	SIBLANO, LINDA	•	5.2 NAME		Linda Flood	
STREET ADDRESS	EAB PLAZA-EAST TOWER		5.3 STREET	ADDRESS	EAB Plaza, East Tower, 15th 1	Floor
CITY-ST-ZIP	UNIONDALE NY		5.4 CITY-S	1-21P	Uniondale, NY 11556-0125	
TITLE	S	☐ DELETE	6.1 TITLE			Change Addition
NAME	MONHEIT, ROBERT S		6.2 NAME			
STREET ADDRESS	EAB PLAZA-EAST TOWER 19	5TH FL.	6.3 STREET	address		

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.

SIGNATURE:

Luca Flood

Linda Flood Asst. Secv

(516)745-2918

CR2E034 (10/97)