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Secretary of State

03-10-1999 90150 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01261

1. Corporation Name

DIME FLORIDA CONSOLIDATION CORP.

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Principal Place	of Business	Mai	ling Address											
C/O WILLIAM P. MCCAUGHAN C/O WILLIAM P. MCCAUG														
80 SW 8TH ST. STE 2803			80 SW 8TH ST SUITE 2803					DO NOT WRITE IN THIS SPACE						
MIAMI FL 33130			MIAMI FL 33130 US					3. Date Incorporated or Qualifed						
US		00					1	03/19	•	. Qualifoo				
			Mailing Address					4. FEI Nui	<u> </u>				Appl	ied For
2. Principal Pla	ace of Business		Mailing Address						22300			\vdash	1	Applicable
21		26	O-11- A-1 45 -1-					13-32	22300			CO 7	<u> </u>	ditional
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					Certifca	ite of Status	Desired			e Requ	
22		27	City 9 Ctate											
City & State			City & State				}		n Campaign i und Contribu	_			.00 м ded to	
23	0	28	7in	Cou	intry						ant voor in		300 10	1000 _
Zip	Country	 1	Zip	30	шку				rporation ow al Property T		ent year in	Yes	F	₫No
24	25	29 Decision	arad Amont	30	Τ				and Address		egistered			
	9. Name and Address of Current	Regist	ered Agent		81	Name		io, ridilic	<u> </u>	3 07 71011				****
MCC	AUGHAN, WILLIAM P.					1101110								
80 SW 8TH ST. STE 2803					82	82 Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33130					83									
1417-141	112 50 150				63									
					84	City						85	Zip Co	ode
											Fi			
11. Pursuant t	o the provisions of Sections 607.0502 gistered agent, or both, in the State of	and 60	7.1508, Florida Statu	tes, the a	bove Lbv	e-named the corp	corporat oration's	tion submit board of d	s this statem irectors. I he	ent for the reby accep	purpose of t the appo	intment :	ıg ıts re as regi	stered
agent. I an	n familiar with, and accept the obligati	ons of,	Section 607.0505, Flo	orida Stat	utes.				= - 107 01 1 170	,			·	
SIGNATURE								•						
SIGNATORE !	Signature, typed or printed name of registered agent	and title if	applicable. (NOTI	: Registered	Agen	t signature r	equired who	en reinstating)			DATE			
12.	OFFICERS AND	DIREC		13.				ADDITIO	NS/CHANG	ES TO OF	FICERS A			
TITLE	D		☐ DELETE	1.1 TI	TLE							XX Cha	nge	☐ Addition
NAME	NCLERIO, JOHN			1.2 N					LERIO					
STREET ADDRESS	101 MAMRONECK AVE			1.3 S	TREET				IDGE 1			E 32	20	ļ
CITY-ST-ZIP	MAMARONECK NY 10543			1.4 CI	TY-S1	r-ZIP	HICI	KSVIL	LE, N	<u>7 118</u>	<u>01</u>	<u> </u>		
TITLE	DP		□ DELETÉ	2.1 TI	TLE							☐ Cha	inge	☐ Addition
NAME	SUTPHEN, ROGER A.			2.2 N	AME									
STREET ADDRESS	231 EAST AVE., SUITE 200			2.3 S	TREET	ADDRESS								
CITY-ST-ZIP	ALBION NY 14411			2.40	ITY-S	T- ZIP	1							
TITLE	V		☐ DELETE	3.1 ∏								🔀 Cha	ınge	☐ Addition
NAME	LIEGEY, GREGORY D.			3.2 N	AME									,
STREET ADDRESS	EAB PLAZA-EAST TOWER, 14TH	H FI 00	OR	335	TREET	ADDRESS	EAB	PLAZ	A-EASI	TOW	ER, 1	3th	FLO	OOR
1	UNIONDALE NY 11556				ITY-S					. –. – . • .	•		· · · ·	}
CITY-ST-ZIP TITLE	AV		☐ DELETE	4.1 Ti								Cha	ınge	Addition
NAME	HAPEMAN, TIMOTHY			4. 2 N										}
	231 EAST AVE., SUITE 200					ADDRESS								
STREET ADDRESS	ALBION NY 14411				ITY-S'									
CITY-ST-ZIP	AS		☐ DELETE	5.1 TI		1 - 4-II						X) Cha	ange	Addition
TITLE				5.2 N								_	-	_
NAME	FLOOD, LINDA	ם מי	np			ADDRESS	EAB	PLA7	A-EASI	TOW	ER. 1	0th	FLC	oor
STREET ADDRESS	EAB PLAZA EAST TOWER, 15T	n FLU	U N		ITY-S						, -		`	
CITY-ST-ZIP	UNIONDALE NY 11556			6.1 T		1-4JT	S					☐ Cha		X Addition
TITLE	S		ROY DELETE					OHETS	7NT 7	שמאם			90	EN 149010011
NAME	MONHEIT, ROBERT S			62 N					'N A.		ר מים	۸۴۳	ET (10B
STREET ADDRESS	EAB PLAZA-EAST TOWER 15TH	I FL.		6.3 S	TREET	ADDRESS	LAB	LPW?	A-ĘASI	TOW.	ck, 1	.utn	ъЪ	JUK

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.

6.4 CITY-ST-ZIP

UNIONDALE, NY

SIGNATURE: _

CITY-ST-ZIP

UNIONDALE NY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Linda Flood

11556