

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000022088 (5)

1. Corporation Name
DIM INTERSTATE, INC.



Principal Place of Business 1650 S.E. 17TH STREET SUITE 310 FT. LAUDERDALE FL 33316-1735	Mailing Address 1650 S.E. 17TH STREET SUITE 310 FT. LAUDERDALE FL 33316-1735
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Financial Plaza Suite, Apt. #, etc. 22 Suite # 2001 City & State 23 Fort Lauderdale FL Zip 24 33394		2a. Mailing Address 26 Financial Plaza Suite, Apt. #, etc. 27 Suite # 2001 City & State 28 Fort Lauderdale FL Zip 29 33394		3. Date Incorporated or Qualified 03/20/1995	
				4. FEI Number 65-0570779	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BELT, A J 1650 S.E. 17TH STREET SUITE 310 FT. LAUDERDALE FL 33316-1735		10. Name and Address of New Registered Agent 81 Name Belt, AJ 82 Street Address (P.O. Box Number is Not Acceptable) 1 Financial Plaza 83 Ste # 2001 84 City Fort Lauderdale FL 85 Zip Code 33394	
--	--	--	--

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 A.J. Belt III Vice President DATE 03-11-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	DANE, JAN W	1.2 NAME	Dane, Jan W
STREET ADDRESS	1650 S.E. 17TH ST. #310	1.3 STREET ADDRESS	1 Financial Plaza Ste # 2001
CITY-ST-ZIP	FT. LAUDERDALE FL 33316-1735	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	V	2.1 TITLE	V
NAME	BELT, A.J. III	2.2 NAME	Belt AJ III
STREET ADDRESS	1650 S.E. 17TH STREET, #310	2.3 STREET ADDRESS	1 Financial Plaza Ste. # 2001
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33394
TITLE	S	3.1 TITLE	S
NAME	DANE, JAN W.	3.2 NAME	Dane, Jan W
STREET ADDRESS	1650 S.E. 17TH STREET, #310	3.3 STREET ADDRESS	1 Financial Plaza Ste # 2001
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33394
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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

03-11-98 (954)523-2070

Date Daytime Phone # 0287106

CR2E034 (10/97)