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 Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90052 004 ***150.00

DOCUMENT # P95000022088

1. Corporation Name

DIM INTERSTATE INC

DIM IMIE	INGIAIL, ING.				 			
Principal Place	of Business	Mailing Address						
1 FINANCIAL PLAZA 1 FINANCIAL PLAZA								
SUITE 2001 SUITE 2001					DO NOT WRIT	E IN THIS S	SPACE	
FT LAUDERDALE FL 33394 US FT LAUDERDALE FL 33394 US					3. Date Incorporated or Qualifed	E IN THIS C	71 AUL	
US					03/20/1995			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Apr	plied For
		26		65-0570779			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A		
22		27		3.		Fee Re		
City & State	e	City & State			6. Efection Campaign Financing	Π	\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curre			□No
24	25		30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered A	Ague	
DCI T	· A I		[61]	Name				
BELT, A J 1 FINANCIAL PLAZA			82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
SUITE 2001			-					
FT LAUDERDALE FL 33394			83					
FIL	AUDERDALE PL 33354		84	City			85 Zip C	ode
						<u>FĻ</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida, Such change was au	s, the above thorized by	-named corpo the comparation	ration submits this statement for the n's board of directors. I hereby accep	purpose of c t the appoin	inanging its itment as re	registered [
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes.					
SIGNATURE								I
0.0.0	Stgnature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	 -	signature required		DATE	DIDECTO	DC IN 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition
TITLE	D DANE JANAN	☐ DELETE	1.1 TITLE				_] onango	
NAME	DANE, JAN W		1.2 NAME	}	•			į
STREET ADDRESS	ADDITION TO THE PARTY OF THE PA			ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33394		1.4 CITY-\$1	-ZIP			Change	Addition
TIFLE	V	☐ DELETE	2.1 TITLE				[] Change	☐ Addition
NAME	BELT, A.J. III		2.2 NAME					
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 200	17	2.3 STREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		2. 4 CITY-S	T-ZIP			Change	[] Addition
TITLE	\$	☐ DELETE	3.1 TITLE				L] Change	L Addition
NAME · · ~	DANE, JAN W.		- 3.2 NAME		- -	~ 	·	.
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 200	17	3.3 STREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		3.4. CITY-S	T-ZIP			<u> </u>	☐ Addition
TITLE	•	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- \$*	r-ZIP				C3 6 ddisina
I πτ∟E		☐ DELETE	5.1 TITLE				Change	Addition
NAME	·		5.2 NAME		• *			
STREET ADDRESS		,	5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME	<u>ģ</u>		6.2 NAME					
STREET ADDRESS	,		6.3 STREET	ADDRESS				

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 innual 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF