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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N 1. Corporation Name THE DANIEL AND MARY DATION, INC.  Principal Place of Business 2200 N. FEDERAL HWY. SUITE 202 BOCA RATON FL 33431	Mailing Address  2200 N. FEDERAL HM SUITE 202 BOCA RATON FL 334	γ.		
Principal Place of Business			3. Date Incorporated or Qualified 08/24/1994	3a. Date of Last Report 05/01/1995
21	2a. Mailing Address 26		4. FEI Number 65-0514249	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Not Applicab \$8.75 Additional
City & State	City & State		5. Certificate of Status Desired	Fee Required
23	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country 25	<b>⊢</b> , -γ	Country	8. This corporation has liability for in	Added to Fees
	29 ss of Current Registered Agent	30	Fiorida Statutes	Yes No.
SICILIANO, THOMAS V		81 Name	10. Name and Address of New Re	gistered Agent
980 NORTH FEDERAL HWY. SUITE 440 BOCA RATON FL 33432		\$3 84 City	dress (P.O. Box Number is Not Acceptable	
41 5		1   1		
11. Pursuant to the provisions of Section or registered agent, or both, in the S	ns 617.0502 and 617.1508, Florida Statuti State of Florida. Such change was authorize	es, the above-named corpo	pration submits this statement for the purp	Ose of changing its registered office
<ol> <li>Pursuant to the provisions of Section or registered agent, or both, in the S familiar with, and accept the obligation</li> </ol>	ns 617.0502 and 617.1508, Florida Statuli State of Florida. Such change was authoriz ons of, Section 617.0503, Florida Statutes	es, the above-named corpo ed by the corporation's boa	oration submits this statement for the purpard of directors. I hereby accept the appoin	ose of changing its registered officentment as registered agent. I am
Pursuant to the provisions of Section or registered agent, or both, in the Sfamiliar with, and accept the obligation SIGNATURE    Signature, typed or printed name of the section of	registered agent and title if applicable. (NO	·		ose of changing its registered offici nament as registered agent. I am
SIGNATURE Signature, typed or printed name of 12. OF	registered agent and title if applicable. (NO FICERS AND DIRECTORS	es, the above-named corporated by the corporation's boat of the corporation of the corpor	ed when reinstating)	DATE
SIGNATURE Signature, typed or printed name of  12. OF.  IIILE DP	registered agent and title if applicable. (NO	TE: Registered Agent signature require		DATE ERS AND DIRECTORS IN 12
12. OF.  TITLE DP  LEWIS, MICHAEL J  708 WEST 7TH ST.	registered agent and title if applicable. (NO FICERS AND DIRECTORS	TE: Rogistered Agent signature require  13.  1.1 TITLE  1 2 NAME	ed when reinstating)	DATE ERS AND DIRECTORS IN 12
12. OF.  TITLE DP LEWIS, MICHAEL J STREET ADDRESS 708 WEST 7TH ST.	registered agent and title if applicable. (NO FICERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of OF.  12. OF.  TITLE  NAME  SIRRET ADDRESS  DITY-ST-ZIP  TITLE  SILVER CITY NM  DITY  TITLE  DP  LEWIS, MICHAEL J  708 WEST 7TH ST.  SILVER CITY NM	registered agent and title if applicable. (NO FICERS AND DIRECTORS	TE: Rogistered Agent signature require  13.  1.1 TITLE  1 2 NAME	ed when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE  Signature, typed or printed name of  12. OF.  TITLE  NAME  SIRRET ADDRESS  DITY-SI-ZIP  TITLE  LEWIS, MICHAEL J  708 WEST 7TH ST.  SILVER CITY NM  TITLE  LEWIS, LYNN D	registered agent and title if applicable. (NO FICERS AND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP	ed when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of of the printed name	registered agent and title if applicable. (NO FICERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2.1 TITLE	ed when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE  Signature, typed or printed name of 12.  TITLE  NAME  SIRRET ADDRESS  DITY-ST-ZIP  JAME  LEWIS, MICHAEL J  708 WEST 7TH ST.  SILVER CITY NM  LEWIS, LYNN D  708 WEST 7TH ST.  SILVER CITY NM  TO BE TO SILVER CITY NM  DITH SILVER CI	registered agent and title if applicable. (NO FICERS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP 3.1 TITLE	ed when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE  Signature, typed or printed name of 12.  OF.  ITTLE  NAME  SIRRET ADDRESS  SILVER CITY NM  DEVELOPMENT OF 15 CITY NM  THE LEWIS, LYNN D  708 WEST 7TH ST.  SILVER CITY NM  DEVELOPMENT OF 15 CITY NM  D	registered agent and title if applicable. (NO FICERS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature, typed or printed name of 12.  OF.  ITITLE  NAME  SIREET ADDRESS  SILVER CITY NM  DITTLE  LEWIS, MICHAEL J  708 WEST 7TH ST.  SILVER CITY NM  DITTLE  JAME  SIRVER CITY NM  DITTLE  BODEN, JOHN  2200 N. FEDERAL HI  BOCA RATON FL  JULE  AME	registered agent and title if applicable. (NO FICERS AND DIRECTORS DELETE  DELETE  DELETE  WY., STE. 202	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST-ZIP	ed when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature, typed or printed name of 12.  OF.  ITTLE  NAME  SIRRET ADDRESS  SILVER CITY NM  TITLE  LEWIS, MICHAEL J  708 WEST 7TH ST.  SILVER CITY NM  TOTAL  SILVER CITY NM  DITHE  AME  SIRRET ADDRESS  SILVER CITY NM  DITHE  BODEN, JOHN  2200 N. FEDERAL H  BOCA RATON FL  SILVER CITY NM  DITHE  BOCA RATON FL	registered agent and title if applicable. (NO FICERS AND DIRECTORS DELETE  DELETE  DELETE  WY., STE. 202	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST-ZIP 4.1 TITLE	ed when reinstating)	DATE  ERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR