2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

SIGNATURE:

FILED Feb 03, 2004 08:00 AM DOCUMENT # N96000001957 **Secretary of State** 1. Entity Name DANIA IMPROVEMENT COMMITTEE, INC. Mailing Address Principal Place of Business 209 S.E. 3 TERR 102 W DANIA BCH BLVD DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 US 01082004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0807593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DONLY, ROBERT DO NOT WRITE 209 S.E. 3RD TERRACE DANIA BEACH, FL 33004 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS 10. TIT1F VD. NAME DORSEY, JOE STREET ADDRESS 2136 SW 7 CT CITY-ST-ZIP BOCA RATON, FL 33486 PD NAME HAGUE, PATTY STREET ADDRESS 434 SE 3 TERRACE CITY-ST-ZIP DANIA BEACH, FL 33004 NAME NEARN, SHARON STREET ADDRESS 425 SE 6 STREET DO NOT WRITE CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE IN THIS SPACE DONLY, ROBERT NAME STREET ADDRESS 209 SE 3 TERRACE CITY-ST-ZIP DANIA BEACH, FL 33004 TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAN OFFICER OR DIRECTOR