Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90111 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 853078

1. Corporation Name

DAYCON	I INVESTORS ASSOCIATES	S, INC.							
Principal Flace of Business Mailing Address						(18819) 18181 8118 11111 88111 18811	. 6.4,1 6.4.1 6.	#((#1#(((·	
400 POINCIANA HALLANDALE F		400 POINCIANA DR HALLANDALE FL 33009			DO NOT WRITE IN	I THIS SPA	CE		
						3. Date Incorporated or Qualifed 06/07/1982			
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number		Ap:	olied For
21	<u> </u>					16-0909356			t Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State			6. Efection Campaign Financing Trust Fund Contribution		5.00 i Added to		
Zip	Country	Zip Country			This corporation owes the current years on all Property Tax.	ear Intangib		□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regis	tered Ager	ıt	
				81	Name				
D'ANGELO, JOSEPH P.			}	82	Street Addr	ress (P.O. Bo (Number is Not Acceptable)			
400 POINCIANA DR.					000171731				
HALLANDALE FL 33009				83					
			i	84	City		FL 85		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and a cept the oblig	of Florida, Such change was a	uthorized	bv t	named corp he corporation	poration submits this statement for the purpoon's board of directors. I hereby accept the	ose of chan appointme	iging its i nt as rec	registered istered
SIGNATURE	Signature, typed or printed name of registered age	on: and title if applicable. (NOTE	: Registered /	Agent	signature require	ed when reinstating) Do	ATE		·——
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PTD	☐ DELETE	1.1 TITLE 1.2 NAME					Change	Addit
NAME	D'ANGELO, JOSEPH P.								
STREET ADDRESS 400 POINCIANA DR.			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		1.4 CIT	Y-ST	ZIP				
TITLE	VSD	☐ DELETE	21 TIT	LE _	·			Change	☐ Addit

tion TITLE HEICHBERGER, MARGARET NAME 400 POINCIANA DR. 23 STREET ADDRESS STREET ADDRESS HALLANDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 a light empowered.

CR2E034 (11/98)