2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

	<u> </u>							
DOCUMENT # 853078 1. Entity Name DAYCON INVESTORS ASSOCIATES, INC.								
Principal Place of Business 400 POINCIANA DR HALLANDALE, FL 33009		Mailing Address 400 POINCIANA DR HALLANDALE, FL 33009						

DO NOT WRITE IN THIS SPACE



O	3082004	No Cng-P	CH2E034 (10/	03)
4. FEI Number				Applied For
	<u> 16-0909</u>	3 <u>5</u> 6		Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

400 POIN	O, JOSEPH P. CIANA DR. ALE, FL 33009			Balandati erkirin	NOT WRITE THIS SPACE	
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of nigratered agent and tale.		- , 	required when renatating)	oth, in the State of Piorida. I am familiar with, and	i accepi
	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		
18.	OFFICERS AND DIRE	CTORS			i di di dadi da in a di di da	,
TUTLE NAME STREET ADDRESS CITY-ST-EP	PTD D'ANGELO, JOSEPH P. 400 POINCIANA DR. HALLANDALE, FL					a e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEICHBERGER, MARGARET 400 POINCIANA DR. HALLANDALE, FL				000000133024 04/27/04-60072-083 150	.00
nitle Name Street address City-St-JP					NOT WRITE	8,8355
name name street address city-st-zp				İN	THIS SPACE	
TITLE NAME STREET AODRESS CITY-51-ZIP						:
TITLE NAME STREET ADDRESS CITY-ST-ZIP						: 3
12. I hereby of indicated	certify that the information supplied with this fi on this report or supplemental report is true	iling does not qualify for the exe and accurate and that my signal	mption stated	in Section 119.07(3) the same legal effer	(I), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or o	nation Sirector

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t). Florida Statutes, I turther 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Rotida 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: March of PRINTED NAME OF SIGNATURE OF DIRECTOR

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