## 2004 FOR PROFIT CORPORATION

## Jan 24, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L94116 1. Entity Name DANÉ REAL ESTATE INC. Principal Place of Business Mailing Address 1 FINANCIAL PLAZA 1 FINANCIAL PLAZA **SUITE 2001 SUITE 2001** FT. LAUDERDALE, FL 33394 FT LAUDERDALE, FL 33394 US 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0254389 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DANE, JAN W DO NOT WRITE 1 FINANCIAL PLAZA **SUITE 2001** IN THIS SPACE FT LAUDERDALE, FL 33394 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BELT, A. J III STREET ADDRESS 1 FINANCIAL PLAZA, SUITE 2001 CITY - ST - ZIP FT LAUDERDALE, FL 33394 TITLE U00000012673 01/26/04-80019-018 150.00 NAME DANE, JAN W STREET ADDRESS 1 FINANCIAL PLAZA, SUITE 2001 CITY-ST-ZIP FT LAUDERDALE, FL 33394 TITLE NAME STREET ADDRESS DO NOT WRITE CUTY - ST - ZIP TITLE IN THIS SPACE STREET ADDRESS CITY ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: