


FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90029 030 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000101821			
1. Corporation Name DANCON INC.			
Principal Place of Business 7650 N.W. 79 AVE. M6 TAMARAC FL 33321		Mailing Address 7650 N.W. 79 AVE. M6 TAMARAC FL 33321	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 12/02/1998			
2. Principal Place of Business		4. FEI Number	
21	2a. Mailing Address	Applied For	
Suite, Apt. #, etc.		Not Applicable	
22	2b. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	2c. City & State	6. Election Campaign Financing -- <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	2d. Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	2e. Country		
26	2f. Zip		
27	2g. Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIELS, JULIE 7650 N.W. 79 AVE. M6 TAMARAC FL 33321		81 Name Julie DANIEL	
		82 Street Address (P.O. Box Number is Not Acceptable) 7650 N.W. 79 Ave	
		83 Suite M6	
		84 City Tamarac FL 85 Zip Code 33321	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Julie Daniel		DATE 4/26/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE DANIEL	1.2 NAME	
STREET ADDRESS	7650 N.W. 79 Ave Suite M6	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	V PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTRID DANIEL CONNOR	2.2 NAME	
STREET ADDRESS	7650 N.W. 79 Ave Suite M6	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH E. SCHMIDT	3.2 NAME	
STREET ADDRESS	7961 N.W. 54 Ct.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)