

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90001 041 ***150.00

DOCUMENT # P99000089226

1. Entity Name

NIC-DAN, INC.



Principal Place of Business

C/O ALAN J. WERKSMAN
160 SW 12 AVENUE #101-B
DEERFIELD BEACH FL 33442

Mailing Address

C/O ALAN J. WERKSMAN
160 SW 12 AVENUE #101-B
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WERKSMAN, ALAN J
160 SW 12 AVENUE #101B
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YABLIN, ARLENE	
STREET ADDRESS	6931 NW 62 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YABLIN, DAVID	
STREET ADDRESS	6931 NW 62 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSE, DANIELLE	
STREET ADDRESS	5861 HOLMBERG ROAD, APT. #2724	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, NICOLE	
STREET ADDRESS	569 WOODSIDE DRIVE	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	739 Villa Portofino Circle
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	739 Villa Portofino Circle
CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arlene Yablin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

954-5749356