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4/6 Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 838762 (3)
 1. Corporation Name
CANDLE CORPORATION OF AMERICA



Principal Place of Business Mailing Address
999 E. TOUHY STE. #450 DES PLAINES IL 60018 US
999 E. TOUHY STE. #450 DES PLAINES IL 60018-2739 US

3. Date Incorporated or Qualified **07/13/1977** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **11-1434610** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
GARCIA, JOSE
7363 NW 38 AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KREILICK, THOMAS	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSE, HOWARD	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIESE, JIM	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, HOWARD	
STREET ADDRESS	999 E TOUHY AVE STE 45-0	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOERGEN, BOB	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Howard E Rose 3/3/97 847 294-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)