

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **F16130** (9)

95 MAY -1 AM 1:42

CANDY COLBY'S FIGURE FACTORY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3370 NE 34TH ST FT LAUDERDALE FL 33308 US	Mailing Address 3370 NE 34TH ST FT LAUDERDALE FL 33308 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite Apt # etc 22	3a. Suite Apt # etc 27
4. City & State 23	4a. City & State 28
5. Zip 24	5a. Zip 29
6. Locality 25	6a. Locality 30

3. Date Incorporated or Qualified 01/26/1981	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2059580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COLBY, CASSANDRA
2240 WILTON DRIVE
FT. LAUDERDALE FL 33305**

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 607.01(3) and 607.15(4), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(3), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. TITLE	DP
2. NAME	COLBY, CANDY
3. STREET ADDRESS	2240 WILTON DRIVE
4. CITY & STATE	FT LAUDERDALE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report is a supplemental annual report as required and is true and accurate and that my signature shall have the same legal effect as if made under oath. This certificate is a draw for the corporation of the company or person responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13 if changed, as your authorized officer and address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR