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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F16130

(9)

CANDY COLBY'S FIGURE FACTORY, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3370 NE 34TH ST 3370 NE 34TH ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2059580 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLBY, CASSANDRA 2117 MIDDLE RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33305 83 City 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 Signature, typed or printed runne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ΌP DELETE TITLE 1.1 TITLE Change Addition COLBY, CANDY NAME 1.2 NAME 2117 MIDDLE RIVER DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-\$T-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETÉ Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 truggles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an attachment with an address. CANDY COLEY 4/28/98