FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K95708

(9)

CANDLEABRA INVESTMENTS (FLORIDA) INC.

Principal Place of Business	Mailing Address
35 ADESSO DR CONCORD. ONTARIO CANADA	35 ADESSO DR CONCORD. ONTARIO CANADA

FILED Feb 20 1998 8:00am Secretary of State



* DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/15/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 98-0103472 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MONCHICK, MICHAEL J. SUITE A, BIG OAK PROFESSIONAL BLDG. 82 Street Address (P.O. Box Number is Not Acceptable) 1803 SOUTH AUSTRALIAN AVE. 83 WEST PALM BEDACH FL 33409 City 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 Signature, typed or printed name of registered again; and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DPT Addition TITLE DELETE 1.1 TITLE Change BLACKSTEIN, ALLAN NAME 1.2 NAME 35 ADESSO DR STREET ADDRESS 1.3 STREET ADDRESS CONCORD, ONTARIO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Channe Addition 21 TITLE WILKINS, ANN E 2.2 NAME 35 ADESSO DR. STREET ADDRESS 2.3 STREET ADDRESS CONCORD. ONTARIO 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an attachment with an address.