

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L86380 (7)**

1. Corporation Name

**A CANDIE'S PRODUCTIONS, INC.**



Principal Place of Business

Mailing Address

**727 NORTHEAST THIRD AVENUE, SUITE 201  
GAINESVILLE FL  
US**

**5 SOUTHEAST 2 AVE  
GAINESVILLE FL 33304  
US**

3. Date Incorporated or Qualified **07/09/1990** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business  
21 **6916 W. UNIVERSITY AVE.**  
Suite, Apt. #, etc

2a. Mailing Address  
26 **6916 WEST UNIVERSITY AVE.**  
Suite, Apt. #, etc

4. FEI Number **59-3021043** Applied For Not Applicable

22 City & State  
23 **GAINESVILLE, FLORIDA**

27 City & State  
28 **GAINESVILLE, FLORIDA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32607** 25 Country **U S A**

29 Zip **32607** 30 Country **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KURLAND, ELISSA R  
727 NORTHEAST THIRD AVENUE  
SUITE 201  
FORT LAUDERDALE FL 33304**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>KAPLAN, SANDER K.</b>	
STREET ADDRESS	<b>5 S.E. 2ND AVE.</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>KAPLAN, SANDER K.</b>		
1.3 STREET ADDRESS	<b>6916 WEST UNIVERSITY AVE</b>		
1.4 CITY - ST - ZIP	<b>GAINESVILLE, FL. 32607</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sander Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

(352) 332-4334  
Corporate Filings, Inc.

CR2E034 (3/96)