FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:43

2-14-01-33-01

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 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 04/19/1994
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

9. Name and Address of Current Registered Agent

GARCIA, JOSE
7383 NW 36 AVE.
MIAMI FL 33147

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	KREILICK, THOMAS	1.2 NAME		
STREET ADDRESS	999 E TOUHY AVE STE 450	1.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, HOWARD	2.2 NAME		
STREET ADDRESS	999 E TOUHY AVE STE 450	2.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	KELLEHER, JOSEPH	3.2 NAME	DELETE	
STREET ADDRESS	999 E TOUHY AVE STE 450	3.3 STREET ADDRESS	KELLEHER, JOSEPH	
CITY-ST-ZIP	DES PLAINES IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	FRIESE, JIM	4.2 NAME		
STREET ADDRESS	999 E TOUHY AVE STE 450	4.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, HOWARD	5.2 NAME		
STREET ADDRESS	999 E TOUHY AVE STE 45-0	5.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GOERGEN, BOB	6.2 NAME		
STREET ADDRESS	999 E TOUHY AVE STE 450	6.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	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 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 HOWARD E. ROSE 2/21/95 (708) 294-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # X 1236

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