FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DESOTO CANDY, LTD.

1a. DOCUMENT # A96000001497 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 31 PM 2: 36



Mailing Address DESOTO SQUARE MALL 303 U.S. 301 BLVD. WEST. ROOM 105	Principal Office Address DESOTO SQUARE MALL 303 U.S. 301 BLVD. WEST, ROOM 105 BRADENTON FL 34205		3. Date Formed or Registered 08/09/1996	5a. Capital Contributions as Shown on record. \$30,000.00	
BRADENTON FL 34205			3a. Date of Last Report 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 1878 Cottonwood Irl		·		,	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State SARASOTA FL Zio Country		Zip Country		\$8.75 Additional Fee Required	
34232]			8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Cur	rent Registered Agent		10. If changed, new Registered	Agent/Office	
SILBERSTEIN, DAVID M ESQ.		Name			
720 SOUTH ORANGE AVENUE		Street Addr	Street Address (P.O. Box Number Is Not Acceptable)		
SARASOTA FL 34236	•	Suite, Apt. #, et			
		City		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CANDYMANAGEMENT, INC.		1878 COTTONWOOD TRAIL		P96000041490	
			100002: -04/01/ ****31	1295810 9701025009 3.75 ****313.75	
	dec 31		(now free)		
Note: General partners MAY No	OT be changed on this forr	n; an ame	endment must be filled to cha	nge a general partner.	
12. I do hereby certify that the information supplied wi Corporations from any liability of non-compliance annual report is true and accurate and that my sig empowered to execute this report as required by of	with Section 119.07(3)(k) in the event that the in mature shall hay the same legal effects as if m	formation suppli		certify that the information indicated on thi	
SIGNATURE X	1.1/		OATE	3/27/97	
Typed or Printed Name of General Partner Signing Form	Michael Lande	, Auside	ent of Candymanagement, is	10 (941) 374-0792	

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