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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000000954 (6)

1. Corporation Name

FERRARA PAN CANDY CO., INC.

Principal Place of Business

7301 WEST HARRISON ST.
FOREST PARK IL 60130

Mailing Address

7301 WEST HARRISON ST.
FOREST PARK IL 60130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

36-3331581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

LAMCA, FRANK
122-D WEYBRIDGE CIRCLE
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME FERRARA, NELLO
STREET ADDRESS 830 LATHROP
CITY-ST-ZIP RIVER FOREST IL 60305 ☐ DELETE

TITLE C
NAME PAGANO, LOUIS V
STREET ADDRESS 22 TARTAN RIDGE
CITY-ST-ZIP BURR RIDGE IL 60521 ☐ DELETE

TITLE D
NAME PAGANO, THOMAS A
STREET ADDRESS 1237 LAURIE LANE
CITY-ST-ZIP BUR RIDGE IL 60521 ☐ DELETE

TITLE PD
NAME FERRARA, SALVATORE II
STREET ADDRESS 931 ASHLAND AVE.
CITY-ST-ZIP RIVER FOREST IL 60305 ☐ DELETE

TITLE STD
NAME BUFFARDI, JAMES S
STREET ADDRESS 121 BRIARWOOD LOOP
CITY-ST-ZIP OAK BROOK IL 60521 ☐ DELETE

TITLE D
NAME BUFFARDI, LOUIS J
STREET ADDRESS 121 BRIARWOOD LOOP
CITY-ST-ZIP OAK BROOK IL 60521 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE

Sam S. Buffardi

3/13/98

708-366-0500

CR2E034 (10/97)