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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90051 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004783

1. Corporation Name

RETAIL CANDY CONCEPTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1311 MAPLELAWN TROY MI 48064 US		Mailing Address 1311 MAPLELAWN TROY MI 48064 US		3. Date Incorporated or Qualified 09/17/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 38-3261803	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	
				FL	
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HERMELIN, BRIAN		1.1 TITLE			
STREET ADDRESS 20500 CIVIC CENTER DR, STE 3000		1.2 NAME			
CITY-ST-ZIP SOUTHFIELD MI 48301		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE VSTD		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME CAVALLI, THOMAS M		2.1 TITLE			
STREET ADDRESS 4259 ANTIQUE LANE		2.2 NAME			
CITY-ST-ZIP BLOOMFIELD HILLS MI 48013		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
		4.1 TITLE			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M Cavalli
Thomas M Cavalli

Date

Daytime Phone

248 649 6900

CR2E034 (11/98)