

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **140914**

1. Corporation Name
Fiddlestick candles & libations, Inc

Principal Place of Business Mailing Address
1016 SE 3rd Ave Ocala FL 34471 **SAME**

2. Principal Place of Business 2a. Mailing Address
21 **1016 SE 3rd Ave** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27 **SAME**
23 **Ocala, FL** 28
Zip 24 **34471** Country 25 **MARION** Zip 29 Country 30

3. Date Incorporated or Qualified **FEB 85** 3a. Date of Last Report **7/95**
4. FEI Number **59-2491275** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 Added to Fee**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
• **STEVEN M. CHRISTOFF**
1016 S E 3rd AVE
OCALA, FL
34471

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 607.038, 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, Sections 607.0505, Florida Statutes.
SIGNATURE *Steven M. Christoff* **STEVEN M CHRISTOFF** **6/96**
Signature typed or printed name of registered agent and date of filing (N.D.C. Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	STEVEN M CHRISTOFF
STREET ADDRESS	1016 SE 3rd AVE
CITY-ST-ZIP	OCALA FL 34471
TITLE	V.P. <input type="checkbox"/> DELETE
NAME	STEVEN M. JOHN P CHRISTOFF
STREET ADDRESS	955 SE FT KING
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	955 SE FOOT KING JUDITH M CHRISTOFF
STREET ADDRESS	OCALA, FL 34470
CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	SHERIE M CHRISTOFF
STREET ADDRESS	1016 SE 3rd AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001899815
53 STREET ADDRESS	-07/19/96--01072--044
54 CITY-ST-ZIP	***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 included 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, change or on an attachment with an address.
SIGNATURE: *Steven M. Christoff* **STEVEN M CHRISTOFF** **6/20/96** **352-629-8000**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)