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FILED  
Apr 06 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 # J60056 (5)  
1. Corporation Name  
CANDY YELLOW APPLE, INC.



Principal Place of Business Mailing Address  
% L EDWARD CONDON % L EDWARD CONDON  
6173 PINE DR 6173 PINE DR  
LANTANA FL 33462 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 2104 NW 21<sup>ST</sup> STREET 21 2104 NW 21<sup>ST</sup> STREET  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 22 Boynton Beach, FL  
23 Zip 23 33436 24 Country 24 US  
25 25 26 26 27 27 28 28 29 29 30 30

3. Date Incorporated or Qualified  
02/27/1987  
4. FEI Number  
59-2774777  
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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CONDON, L. EDWARD  
6173 PINE DR  
LANTANA FL 33462

10. Name and Address of New Registered Agent  
81 Name CONDON, L. EDWARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
2104 NW 21<sup>ST</sup> STREET  
83  
84 City BOYNTON BEACH FL 85 Zip Code 33436

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 *E Condon* PRES 4-1-98  
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 D  
NAME CONDON, L. EDWARD  
STREET ADDRESS 6173 PINE DR  
CITY-ST-ZIP LANTANA FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(j), 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: *E Condon* E CONDON 4-1-98

CR2E034 (10/97)