F	ILE NOW: FILING FE	APP/JQVLD							
PROFIT CORPORATION ANNUAL REPORT 1997		F Fe	FLORIDA DEPARTMEN DE STATE Sandra B. Mort tam Secretary of State DIVISION OF CORPORATIONS			97 JUL 14 AM 11: 43			
DOCUMENT # J84964 1. Corporation Name) IMMIES CANDIES, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1481	ce of Business VO FGD & KALH A Fr. 33004	Mailing a	Address 148 N DANIF	rd FGD 4 FL	ER AL 11 33004	3. Pate Incorporated or Qualified	3a. iteo	Last R	eport
	Place of Business	2a. Maili	ng Address			4. FEI Number		AF	oplied For
Suite, Apt	#, etc.	26 Suite	. Apt. #, etc.			59-283949	<u>/</u>		ot Applicable Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & Stat	re ·	28 City 8	⊈ State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zıp 29		Count 30	ſy		Yes No)	199.032,
AKT	9. Name and Address of Curr	ent Registered	Agent	8	1 Name	10. Name and Address of New F	egistered Ager	ıt	
	SO SIGCEANP	< ٠		8:	2 Street Add	dress (P.O. Box Number is Not Accepta	ible)		.
HAI	IANDALE, EL 33	009		8:					
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				8],	poration submits this statement for the	FL 85	1	Code
 office or r 	registered agent, or both, in the Sta im familiar with, and accept the obling Signification by Proceedings of registered	ite of Florida, Sud igations of, Secti	change was ion 607.0505, Fi	authorized t orida Statuti	ny the corpora 35.	lion's board of directors. Thereby acci	ot the appointm	ient as	registered
12.		ND DIRECTORS		13.	gent algrandre reda	ADDITIONS/CHANGES TO OFF		ECTOR	S IN 12
TITLE NAME	A DAHUR Z	ITTO	DELETE	1 1 TITLE 1 2 NAME		700002	2400	hange -	Addition
STREET ADDRESS	ARPHUR Z	* R•			1 ADDRESS	-07/16	3/97011	.09	-012
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CITY-ST-ZIP				44 CilY-	ľ				
TIFLE			☐ DELETE	5 1 TATLE		-		hange	Addition
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CITY-ST-ZIP				5.4 CITY -		/). <u>.</u> .		
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NAME STREET ADDRESS				6.2 NAME	T AUDOLGG	· ·	2411	27.	
CITY-ST-ZIP				64 CITY -	T AODRESS S1 - 7/P		1/4/9	1	;
14. I do hereb	in indicated on this annual report or	supplemental a	nnual report is t	fy for the ex-	emption stated	d in Section 119.07(3)(i), Florida Slatut I my signature shall have the samo leg rt as required by Chapter 607, Florida	al offect as if ma	ide und	ler oath: that:
appears ii	n Block 12 or Block 13 if changed,	or on an attachn	nent with an add	dress.				•	
SIGNAT	URE: SIGNATURE AND THE	OR PRINTED NAME O	F SIGNING OFFICER	OR DIRECTOR	<u>~ / /</u>	~ st)10/9 7	Daytime F	t-one #	14-96

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