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 #

J96296

(5)

CANDELACO CORPORATION

Mailing Address

1800 COLONIAL DR. CORAL SPRINGS FL 33071

Principal Place of Business

1800 COLONIAL DR. CORAL SPRINGS FL 3307 APPROVED AND FILED

96 JAN 22 PM 2: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CORAL SPRINGS FL 33071				CORAL SPRINGS FL 33071									
									3. Date Incorporate 10/06/19		3a. Date	of Last R 07/07/1	
2. Pricopal Plac	ce of Busine	ess	2a.	Mailing Address	,,				4. FEI Number	- 400			Applied For
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Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Sta	itus Desired		\$8.75	Additional
[22]			27	27								Fee	Required
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Zip.	· · · · · · · · · · · · · · · · · · ·			··· 1 · · · · · · · · · · · · · · · · ·			Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	0 Namo	[25] and Address of Cur	السداة	[29]		<u> </u>			Fiorida Statutes Yes No 10. Name and Address of New Registered Agent				
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CANDELA, SALVATORE				82 Street Ac			eet Addre	ess (P.O. Box Number i	s Not Acceptab	le)			
1800 COLONIAL DRIVE CORAL SPRINGS FL 33071						83	,		······································				
COM	Larning	3 FL 3307 I				L							
•						84	Cit	/			FL	85 Z	p Code
11 Possobalic	s the mavisi	ions of Sections 607.05	າດ2 and 60	7 1508 Florida Stati	utes the	above:	L	d coroora	ation submits this state	ment for the nu		enging its a	registered office
or registere	id agent, or	both, in the State of Fi	lorida. Such	change was author	rized by t	the corp	poratio	in's board	d of directors. I hereby	accept the app	ointment as	registereg	agent. I am
farnnar with	1, 811d 200	et tue et gations of S	Men 6 07.	0505, Florida Statute	es.						1-	155	
SIGNATURE		on points of manner of respected as	and acreteral t	and set. 6	NOTE Bears	toward Arm	out more	l ma comissadi	when reinstating]		DATE	101	<u> </u>
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THEF NAME STREET ADDRESS CHY-ST-ZIP	, partitu tool	the information support	ed with this	filing is voluntarily for		6 3 STREE 6 4 CITY -	I ADDR ST-ZIP		or the exemption stated	in Section 119	07(3)/6/ Fi	orida Statu	RW Tes I further
NAME SPECH ADDRESS OTH STORE 14. I do hereby certify that	the informa	ition indicated on this a	innual repor	t or supplemental ar	urnished a	63 STREE 64 CITY- and do- ort is to	I ADDR ST-ZIP es not rue an	qualify fo	or the exemption stated le and that my signatur s report as required by	e shall have the	same legal	l effect as i	f made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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