## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # . 196296

(5)

## **FILED** Jan 14 1997 8:00am Secretary of State

T. Corporation Name  CANDELACO CORPORATION  Principal Place of Business  Mailing Address  1800 COLONIAL DR. CORAL SPRINGS FL 33071  CORAL SPRINGS FL 33071-7809					
				3. Date Incorporated or Qualified 10/06/1987	3a. Date of Last Report 01/22/1996
<del>_</del> i '	lace of Business	2a. Mailing Address	) 108 WAY	4. FEI Number	Applied For
Suita, Apt	#. etc	Suite, Apt. #, etc.	2 (04 6)	65-0005150	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State	00 .00 PS	6. Election Campaign Financing	\$5.00 May Be
23			PRIPS PL	Trust Fund Contribution	Added to Fees
Zıp 	Country	Zip	Country 30 RACOARP	8. This corporation has liability for	
24	25 g. Name and Address of Curre	29 550/ V	30 BROWARD	Florida Statutes  10. Name and Address of New Re	Yes No
CAN	IDELA, SALVATORE	Hogistere Agent	81 Name	10.	3.010.100.11
	COLONIAL DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptab	sta)
CORAL SPRINGS FL 33071			bz Sireet Addi	ress (P.O. Box Number is Not Acceptac	не)
			83		
			84 City		85 Zip Code
			1 1 1		
office or r	egistered agent, or both, in the Stati	e of Fiorida, Such change was	authorized by the corpora	tion's board of directors. I hereby accep	ot the appointment as registered
CICNATURE	Say alone expection product saws of migrate red as		authorized by the corporal lorida Statutes.  It Replaced Agent signature requi	poration submits this statement for the partion's board of directors. I hereby acception with the particular of the part	DATE
SIGNATURE	Say alone expection product saws of migrate red as	gent and the eague abor (NO	TE: Registered Agent signature requi	red when reinstating)	DATE
SIGNATURE  12.  Title	OFFICERS AN CANDELA, SALVATORIE	gent and till: +apple able (NO) NO DIRECTORS	TE: Registored Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	OFFICERS AN P CANDELA, SALVATORIE 1800 COLONIAL DRIVE	gent and till: +apple able (NO) NO DIRECTORS	12. Hegistered Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE	P CANDELA, SALVATORIE 1800 COLONIAL DRIVE CORAL SPRINGS FL	por and the Engine able (NO) NO DIRECTORS  DELFTE	113. 1.1 TITE 1.2 NAME	red when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition
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14. Ido 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 an apachment with an address

SIGNATURE: