

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

FILED

Jan 20 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 # J96296 (5)  
1. Corporation Name  
CANDELACO CORPORATION



Principal Place of Business  
1800 COLONIAL DR.  
CORAL SPRINGS FL 33071

Mailing Address  
5404 NW 108 WAY  
CORAL SPRINGS FL 33076  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1371 W TERRA MAR DR  
Suite, Apt. #, etc.  
22  
City & State  
23 POMPANO BEACH  
Zip  
24 33062  
Country  
25 US

2a. Mailing Address  
26 1371 W TERRA MAR DR  
Suite, Apt. #, etc.  
27  
City & State  
28 POMPANO BEACH  
Zip  
29 33062  
Country  
30 US

3. Date Incorporated or Qualified  
10/06/1987

4. FEI Number  
65-0005150  
Applied For  
Not Applicable

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  
CANDELA, SALVATORE  
1800 COLONIAL DRIVE  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent  
81 Name SALVATORE CANDELA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1371 W. TERRA MAR DR  
83  
84 City POMPANO BEACH FL  
85 Zip Code 33062

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 1-9-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	P CANDELA, SALVATORIE	1800 COLONIAL DRIVE	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	CHANGE	ADDITION
1.1	SA PRESIDENT	SALVATORE CANDELA	1371 W TERRA MAR DR	POMPANO BEACH FL-33062	<input type="checkbox"/>	<input type="checkbox"/>
1.2					<input type="checkbox"/>	<input type="checkbox"/>
1.3					<input type="checkbox"/>	<input type="checkbox"/>
1.4					<input type="checkbox"/>	<input type="checkbox"/>
2.1					<input type="checkbox"/>	<input type="checkbox"/>
2.2					<input type="checkbox"/>	<input type="checkbox"/>
2.3					<input type="checkbox"/>	<input type="checkbox"/>
2.4					<input type="checkbox"/>	<input type="checkbox"/>
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2					<input type="checkbox"/>	<input type="checkbox"/>
3.3					<input type="checkbox"/>	<input type="checkbox"/>
3.4					<input type="checkbox"/>	<input type="checkbox"/>
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2					<input type="checkbox"/>	<input type="checkbox"/>
4.3					<input type="checkbox"/>	<input type="checkbox"/>
4.4					<input type="checkbox"/>	<input type="checkbox"/>
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2					<input type="checkbox"/>	<input type="checkbox"/>
5.3					<input type="checkbox"/>	<input type="checkbox"/>
5.4					<input type="checkbox"/>	<input type="checkbox"/>
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2					<input type="checkbox"/>	<input type="checkbox"/>
6.3					<input type="checkbox"/>	<input type="checkbox"/>
6.4					<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 on an attachment with an address.

SIGNATURE 1-9-98 9549417857

CR2E034 (10/97)