

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SA PRESIDENT
1.3 STREET ADDRESS	SALVATORE CANDELA
1.4 CITY-ST-ZIP	1371 W TERRA MAR DR POMPANO BEACH FL-33062
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 DATE **1-9-98 9549417857**

CR2E034 (10/97)