

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 28 1996 8:00 am
Secretary of State

DOCUMENT # **L07071** (8)
1. Corporation Name
CANDORE CORP.



Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified **08/07/1989** 3a. Date of Last Report **02/24/1995**
4. FEI Number **11-1856376** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANNOLD, DAVID L
525 S FLAGLER DR
APT PIA
WEST PALM BCH FL 33401

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0512 and 607.1503, 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

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME **D CANNOLD, DAVID L.**
STREET ADDRESS **TRUMP PLAZA, N. FLAGLER**
CITY-ST-ZIP **WEST PALM BEACH FL**
1. TITLE ☐ DELETE
NAME **D POMERANZ, HAROLD B.**
STREET ADDRESS **20044 BACK NINE DRIVE**
CITY-ST-ZIP **BOCA RATON FL**
1. TITLE ☒ DELETE
NAME **D ROSS, DANIEL M.**
STREET ADDRESS **21720 ARRIBA REAL #37-B**
CITY-ST-ZIP **BOCA RATON FL**
1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **TRUMP PLAZA, 525 S. FLAGLER, PIA**
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D RIBET, DAVID**
3.3 STREET ADDRESS **6 EAST 45TH STREET**
3.4 CITY-ST-ZIP **NEW YORK, NY 10017**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96

Date

Daytime Phone #

CR2E034 (12/95)