FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # L07071 1. Entity Name 04-08-2002 90061 039 ***150.00 CANDORE CORP. Principal Place of Business Mailing Address % C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-1856376 Not Applicable ΖiΣ Country ~Zip≈ -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID L. CANNOLD CANNOLD, DAVID L Street Address (P.O. Box Number is Not Acceptable) ONE NORTH BREAKERS 525-S-FLAGLER DR APT PIA-161 WEST PALM BCH EL 33401 BEACH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Táx filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Change 1 DAVID L. CANNOLD CANNOLD, DAVID L. NAME NAME ONE NORTH BREAKERS ROW, APT 161 TRUMP PLAZA, 525 S. FLAGLER, PIA STREET ADDRESS STREET ADDRESS PALM BEACH, FL 33480 WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition BEVERLY CANNOLD CANNOLD, BEVERLY B NAME NAME ONE NORTH BREAKERS ROW APTIG TRUMP PLAZA, 525 S FLAGLER, P1A STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP PALM BEACH, FC 33480 TITLE ☐ Delete Change TITLE ☐ Addition NAME RIBET, DAVID NAME STREET ADDRESS 6 EAST 45TH STREET STREET ADDRESS NEW YORK NY CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if