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 #
1. Corporation Name

M18091

(2)

CANDACE, INC.

Principal Plac										
C/O DENO P. 502 N. HIGHW LONGWOOD F	/AY 17-92. SUITE 200		SÓ2 N. HIGHWÄY 17-82. SUITE 200 LONGWOOD FL 32750-4414							
							 Date Incorporated or Qualified 07/16/1985 		te of Last R 3 0/1996	leport
	lace of Business	<u> </u>	28. Mailing Address				FEI Number			polied For
Suite, Apt.	# ele	Suite, Apt. #, etc.			-	84-0469781 Not Applicable \$8.75 Additional				
22	, 010.	⊢	27				6. Certificate of Status Desired			Additional equired
City & State	ė	City & State					3. Election Campaign Financing			May Be
23	28						Trust Fund Contribution			to Fees
Zıp	Country	Zip .	Country		8	3. This corporation has liability for	intangible t			
24	25				Florida Statutes					
	9. Name and Address of Curr	ent Registered Agent		1		10	D. Name and Address of New R	egistered A	gent	
	eou, deno p.		l	B1	Name					
502 N. HIGHWAY 17-92 SUITE 200				B2	Street A	ddress (P.O. Box Number is Not Acceptable)				
LON	VGWOOD FL 32750		ŀ	B3						
				84	City		· · · · · · · · · · · · · · · · · · ·	FL		Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change wa	s authorized	i hv	the corpo	orporati oration's	ion submits this statement for the board of directors. I hereby acce	purpose of pt the appo	changing it intment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered	agen, and the flapplicable (N	OTE: Registered	Agen	nt signature re	equired who	en reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			·	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PDS	☐ DELETE	1.1 111	ĻĒ	T				Change	Addition
NAME	DIKEOU, DENO P.		1.2 NA	ME						
STREET ADDRESS	502 N. HIGHWAY 17-92		1.3 ST	REET A	address					
CITY-S1-ZIP	LONGWOOD FL		1,4 CIT		-ZiP					
TITLE		DELETE	2.1 TIT						Change	Addition
NAME	'		2.2 NA							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP TITLE		DELETE	2. 4 C) 3,1 T)T		T-ZIP				Change	Addition
NAME			3.2 NA						Grange	LI Addition
STREET ADDRESS					address					
CITY-ST-ZIP			3.4. CI		- 1					
TITLE		DELETE	4.1 TIT		1 20				Change	Addition
NAME			4. 2 NA					,	'•-	
STREET ADDRESS					ADDRESS					
City-St-ZiP			4.4 CIT							
THLE		☐ DELETE	5.1 TiT		·				Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STA	REET A	address					
CITY-ST-ZIP			5.4 CIT	Y-ST	- ZIP					
TITLE		☐ DELETE	6.1 (1)	LE					Change	Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET A	ADDRESS					
CITY-S1-ZIP			6.4 CIT							
14. I do heret informatio	by certify that the information suppl on indicated on this annual report o	lied with this filing does not quir r supplemental annual report i	alify for the a	exer	nption sta	ited in S hat my e	Section 119.07(3)(i), Florida Statut signature shatt have the same led	es. I further	certify that	the
l am an o appears i	flicer or director of the corporation in Block 12 or Block 13 (changed,	or the receiver or trustee emp or on an attachment with an a	owered to eaddress.	хесс	ute this re	port as	required by Chapter 607, Florida	Statutes, an	d that my r	name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/15/97 407 \$30 - 4888 Date Daytime Prione

FILED

Jan 22 1997 8:00am

Secretary of State