

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M43177** (8)
1. Corporation Name
CANDLESENCE III, INC.



Principal Place of Business C/O LOUIS TASSE 8320 S.W. 87TH TERR. MIAMI FL 33143	Mailing Address C/O LOUIS TASSE 8320 S.W. 87TH TERR. MIAMI FL 33143-6946
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3. Date Incorporated or Qualified 12/11/1986	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2751229	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

**TASSE, LOUIS
8320 S.W. 87TH TERR.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, CAROL	1.2 NAME	
STREET ADDRESS	8320 S.W. 87TH TERR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, LOUIS	2.2 NAME	
STREET ADDRESS	8320 S.W. 87TH TERR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, GREGORY	3.2 NAME	
STREET ADDRESS	1961 NW 184 TERR	3.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINE FL	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, JOHN	4.2 NAME	
STREET ADDRESS	10180 SW 49 MANOR	4.3 STREET ADDRESS	
CITY- ST- ZIP	COOPER CITY FL	4.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTIMER, PAMELA	5.2 NAME	VD Mortimer, Pamela
STREET ADDRESS	8320 SW 87 TERR	5.3 STREET ADDRESS	9361 N.W. 39th Court
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	Sunrise, FL 33351
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSE, TIMOTHY	6.2 NAME	
STREET ADDRESS	14075 LANGLEY PLACE	6.3 STREET ADDRESS	
CITY- ST- ZIP	DAVE FL	6.4 CITY- ST- ZIP	

14. I do 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: Carol Tasse REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 305-274-8653
Date Daytime Phone #

0108406

CR2E034 (9/96)