

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

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Bureau of Corporations  
Tallahassee, Florida  
3900 Tomoka Road, Tallahassee, FL 32310

**APPROVED  
AND  
FILED**

95 MAY -1 AM 3:01

STATE OF FLORIDA

**DOCUMENT # P33692**

**(5)**

**JMK CANDY CORP.**

**Principal Office:**  
3780 COCOPLUM CIRCLE  
COCONUT CREEK FL 33063  
US

**Meeting Address:**  
3780 COCOPLUM CIRCLE  
STE. 208  
COCONUT CREEK FL 33063  
US

|                                   |                     |
|-----------------------------------|---------------------|
| 2. Filing Office of Incorporation | 25. Mailing Address |
| 21. Name of Agent                 | 26. State of Agent  |
| 22. City, State                   | 27. City & State    |
| 23. City, State                   | 28. City & State    |
| 24. City, State                   | 29. City, State     |
| 25. City, State                   | 30. City, State     |

|                                                                                               |                                                                     |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date of Incorporation                                                                      | 3a. Date of Last Report                                             |
| 04/23/1991                                                                                    | 04/06/1994                                                          |
| 4. FEI Number                                                                                 | Applied For Not Applicable                                          |
| 13-3607642                                                                                    |                                                                     |
| 5. Confirmed State of Incorporation                                                           | \$8.75 Additional Fee Required                                      |
| 6. Election Campaign Financing Trust Fund Contribution                                        | \$5.00 May Be Added to Fees                                         |
| 7. Does corporation have liability or contingent liability under 13-159.002, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                    |  |                                                                                                     |  |
|--------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                    |  | 10. Name and Address of New Registered Agent                                                        |  |
| KAPLON, MARTIN D<br>3780 COCOPLUM CIRCLE<br>COCONUT CREEK FL 33063 |  | B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br>B3<br>B4 City<br>FL B5 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: \_\_\_\_\_

|                            |                      |                                                       |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| 1. TITLE                   | P                    | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | KAPLON, MARTIN D.    | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          | 3780 COCOPLUM CIRCLE | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, STATE             | COCONUT CREEK FL     | 4. CITY, STATE                                        |                                                                   |
| 1. TITLE                   | V                    | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | KAPLON, JON D.       | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          | 326 CENTRAL PARK, W. | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, STATE             | NEW YORK NY          | 4. CITY, STATE                                        |                                                                   |
| 1. TITLE                   | T                    | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | KAPLON, SALLY        | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          | 3780 COCOPLUM CIRCLE | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, STATE             | COCONUT CREEK FL     | 4. CITY, STATE                                        |                                                                   |
| 1. TITLE                   |                      | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                      | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          |                      | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, STATE             |                      | 4. CITY, STATE                                        |                                                                   |
| 1. TITLE                   |                      | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                      | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          |                      | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY, STATE             |                      | 4. CITY, STATE                                        |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am equally qualified for the appointment as director for two years (13-159.002, Florida Statutes). Further, I 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 for of this corporation or that my name or address is included in this report is required by, or required to, Florida Statutes, and that my name or address is included in this report is required by, or required to, Florida Statutes.

SIGNATURE: *Martin D. Kaplon* **MARTIN D. KAPLON** 4/27/95 305-969-0800