


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33692		(5)			
1. Corporation Name JMK CANDY CORP.					
Principal Place of Business 3780 COCOPLUM CIRCLE COCONUT CREEK F. 33063 US		Mailing Address 3780 COCOPLUM CIRCLE STE. 208 COCONUT CREEK FL 33063 US			
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	Country		
24	Country	29	Zip		
9. Name and Address of Current Registered Agent KAPLON, MARTIN D 3780 COCOPLUM CIRCLE COCONUT CREEK FL 33063		10. Name and Address of New Registered Agent			
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.		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		Signature, typed or printed name of registered agent and firm if applicable		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	1.1 TITLE			
NAME	KAPLON, MARTIN D.	1.2 NAME			
STREET ADDRESS	3780 COCOPLUM CIRCLE	1.3 STREET ADDRESS			
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP			
TITLE	V	2.1 TITLE			
NAME	KAPLON, JON D.	2.2 NAME			
STREET ADDRESS	326 CENTRAL PARK, W.	2.3 STREET ADDRESS			
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP			
TITLE	T	3.1 TITLE			
NAME	KAPLON, SALLY	3.2 NAME			
STREET ADDRESS	3780 COCOPLUM CIRCLE	3.3 STREET ADDRESS			
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1991	
4. FEI Number 13-3607642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. 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 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:

Martin D. Kaplon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 954-969-0800
Date Daytime Phone #

CR2E034 (10/97)