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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

## DOCUMENT # P92000015308 (9)

CANDLES BY SANDY, INC.

Principal Place of Business Mailing Address											
1834 N. TAMIAMI TRAIL 1433 CAUSEY COURT											
COASTLAND MA	ALL	SANIBEL FL	33957-3642								
NAPLES FL 339	940								60 Dat	e of Last Re	
US							<ol> <li>Date Incorporated or Qu 12/24/1992</li> </ol>	allileo		3/1996	aport
		On Moiling	Addrson				4. FEI Number		U7/21		plied For
r	Nace of Business	<u> </u>	2a. Mailing Address				65-0355669 Not Applicable				**
Suite, Apt	4 616	26 Suite 4	Suite, Apt. #, etc.								
├ ·	r, cic	<b>⊢</b> ₁ '	27				<ol><li>Certificate of Status Des</li></ol>	ired		Fee Re	
City & Stat			Crty & State				6. Election Campaign Financing \$5.00 May Be				
23	C.	´	28				Trust Fund Contribution Added to Fees				
7 <sub>(P</sub>	Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	h1				Florida Statutes Yes No				
24	9. Name and Address of C						10. Name and Address of New Registered Agent				
LIAN	N, ALBERT C		<b>9</b>		81	Name		*********			
	CAUSEY COURT			-	_						
	IBEL FL 33957				82	Street Ac	reet Address (P.O. Box Number is Not Acceptable)				
SAIT	IDEL TE 00901				83						
				L							
					84	City			FL	<b> 85</b>   Zip (	Code
11 Dureugat	to the movieions of Sections 60	7 0502 and 607 1508	Florida Statut	es the ah	OVE	-named co	progration submits this statement	for the r		changing it	s registered
office or	registered agent, or both, in the	State of Florida Such	change was	authorized	by	the corpo	orporation submits this statement ration's board of directors. I herel	у ассер	pt the appo	ointment as	registered
agent La	im familiar with, and accept the	obligations of, Section	N 607.0505, FR	onda Siail	nes	••					
SIGNATURE	Signature, typed or printed name of register	red accept and title of applicable	le (NOT	E: Registered	Age	nt signature re-	quired when reinstating)		DATE		
12.		S AND DIRECTORS		13.	·		ADDITIONS/CHANGES T	O OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D	ALALAM BANKS AVANOVIVO VIII	DELETE	1.1 (1)	LE					Change	Addition
NAME	HANN, ALBERT C			1.2 NA	ME						]
STREET ADDRESS	1433 CAUSEY COURT			1.3 ST	REET	ADDRESS					
CITY - ST - ZIP	SANIBEL FL 33957			1.4 CIT	Y-5	T-ZIP					
TILE	D	***************************************	DELETE	2.1 TiT						Change	Addition
NAME	HANN, SANDRA C			2.2 NA	ME						
STREET ADDRESS	1433 CAUSEY COURT			2.3 ST	REET	ADDRESS					
CHY - SI - ZIP	SANIBEL FL 33957			2. 4 C(					4 N		ļ
Inti			DELETE	3.1 TIT	-					Change	Addition
NAME				3.2 NA	ME						· *
STREET ADDRESS				3 3 ST	REET	ADDRESS					
OTY-ST-ZIP				3.4. Cf							
Tint			☐ D£LE1E	4.1 TIT					•	Change	Addition
NAME				4. 2 N/		-					
STREET ADORESS						ADDRESS					, ,
CIEY ST ZIF				4.4 CIT							
JULE			DELETE	5.1 TIT		11-811				Change	Addition
NAME:				5.2 NA						-	
						ADDRESS					
STREET ADDRESS				5.4 CH							
CITY ST - ZIF	ļ,		DELETE	6.1 TIT		71 - 211				Change	Addition
I TLF				62 NA		]					
NAME						ADDDESC					
STREET ADDRESS						ADDRESS					
CITY - ST - 7FF	1			64 CI	17 - S	11 - 711					

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 pyrporation or the receiver or tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 60, an an attachment with an address.

SIGNATURE:

MATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97

941-649-1100 Dayline Phone #

**FILED** 

Apr 08 1997 8:00am

Secretary of State

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