

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000566 (8)

1. Corporation Name

CAPE CORAL CANDY, INC.



Principal Place of Business

1311 DEL PRADO BLVD
CAPE CORAL FL 33990

Mailing Address

1311 DEL PRADO BLVD
CAPE CORAL FL 33990

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

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2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

ABRAHAM, BETTY
1311 DEL PRADO BLVD
CAPE CORAL FL 33990

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0391142

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office agent, 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 Sections 607.0504, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

[Signature]

12. OFFICERS AND DIRECTORS

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
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ABRAHAM, JONATHAN
1311 DEL PRADO BLVD
CAPE CORAL FL 33990
VTD
ABRAHAM, BETTY
1311 DEL PRADO BLVD
CAPE CORAL FL 33990

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 and changed, or on another filing with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

841-7728222

CR2E034 (12/95)