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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morth int Secretary of Stars

DIVISION OF CORPO ATIONS

1996DOCUMENT #

P9300006609 (0)

CANDY CONNECTION, INC.

Principal	Place	nf	Rusiness
municipar	FIGURE	Ų.	DUSITIONS

1. Corporation Name

Mailing Address

6485A JONES AVENUE ZELLWOOD FL 32798 POST OFFICE BOX 141 ZELLWOOD FL 32798-014



US	10 TE 92180	US	IIS					
00		00			3. Date Incorporated or Qualified	3a. Date of La		
				PP S S SES - LELA SES SE	01/27/1993	06/05	5/1995	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	- to a china con page or give to the finite stage stage a complementary of the later taken to the complementary of the china comp	26			59-3164427		Not Applicable	
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 -	3.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$	5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation has liability for it	-	ders 199.032,	
24	25	29	30		Florida Statutes 💢 Yes			
	9. Name and Address of Curren	t Registered Agent		····	10. Name and Address of New R	egistered Agen	t	
				Name 72	obert T Kirk	lev		
KIRKI	Ley, robert t.		<u> </u>	32 Street Addre				
	SAVAGE COURT			64	ess (P.O. Box Number is Not Acceptable) 35 A Jenes Avenue			
	GWOOD FL 32750		[6		OFFICE BOX 1			
							Total Annual Control	
				City /	lwood	F! 85	Zip Code 3.2798-0141	
11. Pursuar	nt to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	. the abov	a named cornor:	ation eubmite this statement for the nur	cose of changing	ite realstored office	
or regis	tered agent, or both, in the State of Florid with, and accept the obligations, Sect	da. Such change was authorized	by the co	rporation's boar	d of directors. I hereby accept the appo	intment as regis	tered agent. I am	
		ion 607.0505, Florida Statutes.				4/22/	91	
SIGNATURE	Signature Typed or printed name of registered agort	and title if protection NOTE	Firm stered A	gont signature required	Twhen rensistand	DATE		
12.	OFFICERS ANI		13.	95.108.15.15.15.15.15.15.15.15.15.15.15.15.15.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	D	DELETE	1. 1 TiTi			Cha		
NAME	KIRKLEY, ROBERT T	<u></u>	1.2 NAN					
STREET ADDRESS				EFT AUDRESS				
CITY-ST-ZIP	EUSTIS FL			- ST - ZIP				
TITLE	D	DELETE	2 1 7171	***********		Cha	ange 🗍 Addition	
NAME	STIERHEIM, MICHAEL F	L	22 NAV					
STREET ADDRESS		ΛQ						
	ALTAMONTE SPRINGS FL	00	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP					
CITY+ST-ZIP TITLE	ALIAMORIE OF HINGS FE	DELETE	3 1 7471			☐ Cha	inge Addition	
NAME.		[_] otte	3 2 NAN				go	
				EET ADDRESS				
STREET ADDRESS			1					
CHY-ST-ZIP		DELETE		- S1 - ZiP		[☐ Cha	inge [T] Addition	
TITLE		Library	4.1 1111	1			ange [_] Addition	
NAME			4.2 NAM					
STREET ADDRESS	5			ET ADDRESS				
CITY-ST-ZIP		FFT the Lett		- ST-ZIP	*···		one fill deletter	
TITLE		[]] DELETE	5. 1 TIT (Cha	inge [] Addition	
NAME			5.2 NAM					
STREET ADDRESS	S		5.3 STR	EL ADDRESS				
CITY-ST-7IP		Prof. S. F. B. C.		- S1 - ZIP				
TITLE		DELETE.	6. 1 TITU			☐ Cha	inge 🔲 Addition	
NAME			6.2 NAM	E				
STREET ADDRESS	S .		6.3 STRI	ET ADDRESS				
CITY-S1-ZIP				- \$1 - 7 ₁ F		TO 3 TO 1 YEAR OR A SHAPPER PROPERTY A 11 TO 1 TO 1		
14 Ldo bor	aby cortify that the information cumplied u	with the filma is valuntarily furnish	had and de	see not qualify to	or the examption stated in Section 110 (17/2VM Florida S	tatutoe I further	

Lit do hereby certify that the information supplied with this fing 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 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 undor 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 man attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 / 28/96 107 - 384-6214

R2E034 (12/95