

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 17 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93000023706 (3)

1. Corporation Name

CANDLER ENTERPRISES, INC.

Principal Place of Business

C/O GORDON L SCHWEIGER, C.P.A.
61 GRAND CANAL DR., SUITE 200
MIAMI FL 33144

Mailing Address

C/O GORDON L SCHWEIGER, C.P.A.
61 GRAND CANAL DR., SUITE 200
MIAMI FL 33144

3. Date Incorporated or Qualified
03/30/1993

3a. Date of Last Report
03/31/1994

4. FEI Number
65-0412179

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SCHWEIGER, GORDON L CPA
61 GRAND CANAL DR.,
SUITE 200
MIAMI FL 33144

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MIDDLELTON, D. MATTHEW
STREET ADDRESS 2460 PEACHTREE RD. NW. #711
CITY-ST-ZIP ATLANTA GA

TITLE V
NAME MIDDLELTON, MICHELLE C
STREET ADDRESS 2460 PEACHTREE RD. NW #711
CITY-ST-ZIP ATLANTA GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O/ST
1.2 NAME D. Matthew Middleton Change Addition
1.3 STREET ADDRESS 8940 River Run
1.4 CITY-ST-ZIP Atlanta, GA 30350

2.1 TITLE V Change Addition
2.2 NAME Michelle C. Middleton
2.3 STREET ADDRESS 8940 River Run
2.4 CITY-ST-ZIP Atlanta, GA 30350

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

3-17-95
MS

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 110.07(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 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: D. Matthew Middleton D. Matthew Middleton 3/12/95 404-537-5430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number