

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036857 (9)**  
1. Corporation Name  
**CAROLYN CANDIES, INC.**

Principal Place of Business Mailing Address  
**US HWY 27 CLERMONT FL 34711** **US HWY 27 CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3186050** 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  
7. This corporation has liability for intangible tax under C. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **141445 Hwy 27** 26 **P.O. Box 120861**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **CLERMONT, FL** 27 **CLERMONT, FL**  
City & State City & State  
24 **34711** 25 **34712** 29 **34712** 30  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**SAMOLE, MYRON M**  
**9700 S DIXIE HWY**  
**SUITE 1030**  
**MIAMI FL 33156**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SAMOLE, MYRON M</b> <b>9700 S DIXIE HWY SUITE 1030</b> <b>MIAMI FL 33156</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>SAMUEL HARTE</b> <b>7251 S.W. 129th SE.</b> <b>MIAMI, FL 33156</b>
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>JOHN M. LEWIS</b> <b>9400 S. DADELAND BLVD.</b> <b>MIAMI, FL</b>
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>HERSHEL KRASHOW</b> <b>1111 KANE CONCOURSE</b> <b>BAY HARBOR ISLANDS, FL</b>
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an addendum.

SIGNATURE: *Myron M Samole* **4/26/95** **305-670-5070**  
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE (System Place #)