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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000046199 (4)

CANDLEGLOW, INC.

SIGNATURE:

## FILED Apr 08 1997 8:00am Secretary of State



Daytime Phone #

Principal Placi		Mailing Address	_				
1071 CANDLELIGHT BLVD. Brooksyille fl 34601		1071 CANDLELIGHT BLVD. Brooksville fl 34801-3112		1			
					3. Date Incorporated or Qualified 06/30/1993	3a. Date of La 03/26/198	st Report
2. Principal Place of Business 21		2a. Mailing Address 26		4, FEI Number 65-0434433	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22	· Mary · · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	Fe Fe	e Required
City & State	e	City & State			6. Election Campaign Financing		00 May Be
23 710	Country	28 Zip	Cour	ntry	Trust Fund Contribution		ded to Fees
24]	25	29	30	,	8. This corporation has liability for in Florida Statutes	Tes No	er s. 199.032,
	9. Name and Address of Cure		1001		10. Name and Address of New Re		
THE	PRENTICE HALL CORPORATI	ON SYSTEM, INC.		81 Name			
110	n magnolia st		}	82 Street Add	dress (P.O. Box Number is Not Acceptab	nle)	
TAL	LAHASSEE FL 32301			Otroct 710.	oroda ( o., dox red. red proc		
				83			
			ŀ	84 City		- 85	Zip Code
			ŀ	- 1 - 7			•
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida States of Florida, Such phonon up	utes, the ab	ove-named co	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changi	ng its registered
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Stati	ites.	ations board of directors. Thereby accep	or the appointment	t as registered
SIGNATURE							
	Signature, type dioript-nited name of registerod			Agent signature req	ulred when reinstating)	DATE	
12.	Account to the second of the s	AND DIRECTORS	13.		ured when reinstaling) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR