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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000085170 (7)

DOCUMENT #

CANDYMAN, INC.

	18 (2) E(18) 1181 1881 (1881 1881

Principal Place of P.O. BOX 8 BOCA RATO		Mailing Address P.O. BOX 812258 BOCA RATON FL 3	3481						
					3. Date hopprograted or Qualified 01/03/1994	3a. Date	05/01/19	995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FET Number 65-0455387			Applied For	
Suite, Apt. #	, etc.				• Outlines of Outlines		,	Not Applicable Additional	
22		27			5. Certificate of Status Desired		Fee F	Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		•	D May Be d to Fees	
Zφ	Country	Zip	Count	ry	8. This corporation has liability for				
24	25 9 Name and Address of Curre	29	30		Florida Statutes Yes	Benistered	Acent		
	g, Name and Address of Curre	int negistered Agent		11 Name	TO, Maine and Address of New 1	iegistereu	v.Re.ii		
	THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTRD			12 Street A	Street Address (P.O. Box Number is Not Acceptable)				
	MERIA AVENUE . GABLES FL 33134			13					
COIVAL	. CADELOTE COTO						····		
			8	City		FL	_ 85 Zip	o Code	
SIGNATURE S	Signation, types or printed name of registeres age OFFICERS AI	ND DIRECTORS	OTE Begistered A	gent signature re-	aured when re-es' thing: ADDITIONS/CHANGES TO OF				
TITLE	Saum, Robert	DEFELE	1 17111	-E	P . J. Charia	I	Change	Addition	
NAME	5813 NW 21 WAY		1.2 NAM	EET ADDRESS	Conly, Sharie 5813 N.W. 21 W	MY			
			1.5 S I I I	EET MDIMESS					
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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 it 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 Stallutes; and that my name appears in Block 12 or Block 13 if chapped, or on an altachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ___