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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003622

1. Corporation Name

CANDID ADVICE INC.

Principal Place	of Business	Mailing Address				I (SELIGE) (IN 1911 BIRL PRINT BELL BELL BELL BELL BELL BELL BELL BEL
345 EDEN TRAIL LAKE MARY FL 32746 US		345 EDEN TRIAL LAKE MARY FL 32746-39 US	LAKE MARY FL 32746-3956			DO NOT WRITE IN THIS SPACE
u o		00				3. Date Incorporated or Qualifed 01/14/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
1		26				59-3220897 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	-	- 1 32343	5. Certifcate of Status Desired
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	Go 30	untry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre		11			10. Name and Address of New Registered Agent
				81	Name	
TRATTNER, ANDREW M 345 EDEN TRAIL LAKE MARY FL 32746-3956			-		Lease (D.O. Day Niyeshor in Not Apportunity)	
345	eden trail			82	Street Add	Iress (P.O. Box Number is Not Acceptable)
LAKE	MARY FL 32746-3956			83		
				84	City	FL 85 Zip Code
office or nagent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	longa Sta	tutes d Agen	·	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.11	TITLE		☐ Change ☐ Addition
NAME	TRATTNER, ANDREW M		121	NAME		
STREET ADDRESS	345 EDEN TRAIL		1.3 5	STREET	TADDRESS	
CITY-ST-ZIP	LAKE MARY FL		1,4 (CITY-S	T-ZIP	
TITLE	V	☐ DELETE	2.1 7	ITLE		☐ Change ☐ Addition
NAME	TRATTNER, KENNETH		2.21	NAME	1	
STREET ADDRESS	3120 S W FREEWAY		2.3	STREET	T ADDRESS	
CITY-ST-ZIP	HOUSTON TX		2.4	слу-ѕ	ST-ZIP	
TITLE 1		~ · □ DELETE	3.1	TITLE	-	- Change Addition
NAME			3.21	NAME		
STREET ADDRESS:			3.3 3	STREET	T ADDRESS	
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP	
TITLE		☐ DELETE	4,1	mue		☐ Change ☐ Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3	STREET	T ADDRESS	
CITY-ST-ZIP			4.4	CITY-S	T-ZIP	
TITLE		☐ DELETE		IIILE		☐ Change ☐ Addition
NAME			5.21	NAME		
STREET ADDRESS			5.3	STREET	TADORESS	
CITY-ST-ZIP	,			CITY-S	T- ZIP	The state of the s
TITLE		☐ DELETE	6.1	TITLE		☐ Change ☐ Addition
NAME	1		6.2	NAME		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #

1/98)