FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068057 (6)**

1. Corporation Name
KEYSTONE CANDY CORP.

Principal Place of Business	Mailing Address
10864 LA SALINAS CIRCLE BOCA RATON FL 33428	10864 LA SALINAS CIRCLE BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0519637 ☐ Applied For ☐ Not Applicable
21 105 N.W. 43 STREET	26 105 N.W. 43 STREET	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 BOCA RATON, FLORIDA	City & State 28 BOCA RATON, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 33431 / County 25 PALM BEACH	Zip 29 33431 / Country 30 PALM BEACH	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FREIDLANDER, IAN S PA
1999 UNIVERSITY DRIVE STE. 212
CORAL SPRINGS FL 33071

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 _____ DATE
Signature, typed or printed name of registered agent and the date as well as (NEW Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	NANCI LECHLER ☐ Change ☑ Addition
NAME	LECHLER, BRUCE	12 NAME	VICE PRESIDENT, DIRECTOR
STREET ADDRESS	10864 LA SALINAS CIRCLE	13 STREET ADDRESS	10864 LA SALINAS CIRCLE
CITY ST ZIP	BOCA RATON FL 33428	14 CITY ST ZIP	BOCA RATON, FL. 33428
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, CHARLES R	22 NAME	
STREET ADDRESS	10864 LA SALINAS CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33428	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, 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 added to the above officer or director address.

SIGNATURE: _____ President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
BRUCE LECHLER, PRESIDENT

4/07/95 Date
407-477-3075 Daytime Phone #

0285179 CP