

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041137 (7)

1. Corporation Name

CONKLIN'S CANDYLAND, INC.



Principal Place of Business

P O BOX 210008
ROYAL PALM BEACH FL 33521-0008

Mailing Address

P O BOX 210008
ROYAL PALM BEACH FL 33521-0008

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0589398

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

G. ROSS CURRY

82

Street Address (P.O. Box Number is Not Acceptable)

8966 Belvedere Road

83

84

City

West Palm Beach

FL

85

Zip Code
33411

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

G. ROSS CURRY

Signature (Typed or printed name of registered agent or individual agent)

Signature (Typed or printed name of registered agent or individual agent)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPST

CONKLIN, JODI M
8966 BELVEDERE RD
WEST PALM BEACH FL 33411

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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 119.07(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jodi Conklin

Jodi M. Conklin

5/20/96

407-793-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)