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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

| 1. Corporation Name P95000044992 (2) | |
|--|---------------------------------------|
| CANDY KIDS CORP. | |
| | |
| Principal Place of Business Mailing Address | ADAMO FOLITE HIEL HARL |
| AVENTURA MALL/ROOM 145 AVENTURA MALL/ROOM 145 | |
| 19575 BISCAYNE BLVD. 19575 BISCAYNE BLVD. | Ė |
| MIAMI FL 33180 MIAMI FL 33180 DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualified | <u>-</u> |
| 06/12/1995 | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | Applied For |
| 26 65-0591436 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 5 | .75 Additional |
| 22 27 | Fee Required |
| | 5.00 May Be |
| | dded to Fees |
| 21p Country 21p Country 8. This corporation owes or has paid the current y Personal Property Tax due June 30. Ye | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen | |
| ROBBINS, MARJORIE F 81 Name | |
| 1090 KANE CONCOURSE, SUITE 202 82 Street Address (P.O. Box Number is Not Acceptable) | |
| BAY HARBOR ISLAND FL 33154 | |
| 83 | |
| 84 City 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 char 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 of the purpose of the appointment of the purpose of the appointment of the purpose of the purpose of the appointment of the appointment of the purpose of the appointment of the a | ging its registered ent as registered |
| agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statules. | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | 5 |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTORS IN 12 |
| TITLE P DELETE 1.1 TITLE | hange |
| NAME BLAIR, EDWARDD 1.2 NAME | |
| STREET ADDRESS 10410 NW 12 PLACE 1.3 STREET ADDRESS | |
| CITY-ST-ZIP PLANATATION FL 1.4 CITY-ST-ZIP | |
| | hange L Addition |
| NAME BLAIR, JERROLD 22 NAME | |
| STREET ADDRESS 11111 BISCAYNE BLBD #1457 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NORTH MIAMI BEACH FL 2.4 CITY-ST-ZIP TITLE S DELETE 3.1 TITLE C | hange Addition |
| TITLE S L DELETE 3.1 TITLE L C NAME FURMAN, ROSS 3.2 NAME | range C Adoltion |
| STREET ADDRESS 11111 BISCAYNE BLVD #1457 33 STREET ADDRESS | |
| CITY-ST-ZIP NORTH MIAMI BEACH FL. 3.4. CITY-ST-ZIP | ! |
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| | hange Addition |
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| TITLE DELETE 4.1 TITLE | nange Addition |
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| TITLE DELETE 4.1 TITLE C NAME STREET ADDRESS DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | |
| TITLE DELETE 4.1 TITLE C NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP | |
| TITLE DELETE 4.1 TITLE C NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP TITLE DELETE 5.1 TITLE | |
| TITLE DELETE 4.1 TITLE C NAME 4.2 NAME C STREET ADDRESS 4.3 STREET ADDRESS C CITY-ST-ZIP 4.4 CITY-ST-ZIP C TITLE DELETE 5.1 TITLE C NAME 5.2 NAME C STREET ADDRESS 5.3 STREET ADDRESS C CITY-ST-ZIP 5.4 CITY-ST-ZIP C | hange Addition |
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resolve seeing that the information supplies with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.