

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000065355 (6)**

1. Corporation Name

CANDLE ARTISANS INC.

Please note change of address



Principal Place of Business 12100 SHADY FOREST DR. RIVERVIEW FL 33569 3180 Pleasant Hill Rd Kissimmee, FL 34746	Mailing Address 12100 SHADY FOREST DR. RIVERVIEW FL 33569-5688 3180 Pleasant Hill Rd Kissimmee, FL 34746
---	--

2. Principal Place of Business 21 3180 Pleasant Hill Rd Kissimmee, FL 34746	2a. Mailing Address 26 3180 Pleasant Hill Rd Kissimmee, FL 34746	3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report 01/30/1996
22 Suite, Apt. #, etc. 3180 Pleasant Hill Rd	27 Suite, Apt. #, etc. 3180 Pleasant Hill Rd	4. FEI Number 59-3333923	Applied For Not Applicable
23 City & State Kissimmee, FL	28 City & State Kissimmee FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34746	29 Zip 34746	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUDOLPH, JUDITH B 12100 SHADY FOREST DR. RIVERVIEW FL 33569	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3180 Pleasant Hill Rd 83 84 City Kissimmee FL 85 Zip Code 34746
---	---

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE 12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUDOLPH, JUDITH B		1.2 NAME 3180 Pleasant Hill Rd	
STREET ADDRESS 12100 SHADY FOREST DR.		1.3 STREET ADDRESS Kissimmee, FL 34746	
CITY-ST-ZIP RIVERVIEW FL 33569		1.4 CITY-ST-ZIP Kissimmee, FL 34746	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Judith B Rudolph - Judith B Rudolph 1-17-97 407-870-5529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)