

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083336 (4)

1. Corporation Name
KATHY'S KANDIES, INC.

Principal Place of Business
652 NORMANDY RD
MADEIRA BEACH FL 33708

Mailing Address
652 NORMANDY RD
MADEIRA BEACH FL 33708-2371



2. Principal Place of Business 21 2082 SANTIAGO WAY N. Suite, Apt. #, etc. 22 City & State 23 CLEARWATER FL. Zip 24 34623 Country 25 USA	2a. Mailing Address 26 2082 SANTIAGO WAY N. Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL. Zip 29 34623 Country 30 USA
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3. Date Incorporated or Qualified 10/26/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3342161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOFSTRA, PETER T
8640 SEMINOLE BLVD
SEMINOLE FL 34642

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. PRESENTATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RHODEN, KATHY	1.1 TITLE	RHODEN, KATHY
NAME	652 NORMANDY RD	1.2 NAME	2082 SANTIAGO WAY N.
STREET ADDRESS	MADEIRA BEACH FL 33708	1.3 STREET ADDRESS	CLEARWATER FL 34623
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	TURTLE, JAMES	2.2 NAME	
STREET ADDRESS	652 NORMANDY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MADEIRA BEACH FL 33708	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

KATHY RHODEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

813 461 2383

Daytime Phone #

0976017

CR2E034 (9/96)