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Apr 09 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 # P96000037848 (4) 1. Corporation Name CANDLELIGHT DELIVERY SERVICES, INC.			
Principal Place of Business 213 N.E. 2ND AVENUE DANIA FL 33004		Mailing Address 213 N.E. 2ND AVENUE DANIA FL 33004-4810	
2. Principal Place of Business 21		2a. Mailing Address 26	
22 Suite Apt. # etc		27 Suite, Apt. #, etc	
23 City & State		28 City & State	
24 Zip		29 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent SCUTILLO, BARRY C 213 N.E. 2ND AVENUE DANIA FL 33004		10. Name and Address of New Registered Agent 81 Name GERALD ADAMS 82 Street Address (P.O. Box Number is Not Acceptable) C/O FAST-TAX 83 113 NORTH FEDERAL HIGHWAY 84 City DANIA 85 Zip Code FL 33004	
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 <i>[Signature]</i> REGISTERED AGENT DATE 4/1/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME VEADER, ERIK STREET ADDRESS 213 N.E. 2ND AVENUE CITY-ST-ZIP DANIA FL 33004		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE STD NAME VEADER, DEBORAH STREET ADDRESS 213 N.E. 2ND AVENUE CITY-ST-ZIP DANIA FL 33004		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VB NAME DEBELLIS, NICHOLAS A STREET ADDRESS 213 N.E. 2ND AVENUE CITY-ST-ZIP DANIA FL 33004		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: X <i>[Signature]</i> ERIK VEADER - PRESIDENT 4/1/97 (954) 929-5162 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)