


FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90013 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Kathleen Lewis
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name
CANDY MANAGEMENT INC

Principal Place of Business Mailing Address
1878 Cottonwood Trl
SARASOTA FL 34232 SAMS

2. Principal Place of Business 2a. Mailing Address
 21: **1878 Cottonwood Trl** 26: **SAMS**
 22: Suite, Apt. #, etc. 27: Suite, Apt. #, etc.
 23: **SARASOTA FL** 28: **SAMS**
 24: Zip **34232** Country **USA** 29: Zip Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized
6/96

4. FEI Number
65-0664452 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DAVID SILBERSTEIN ESQ.
KIRIL PINKERTON
720 S. ORANGE
SARASOTA FL 34236

10. Name and Address of New Registered Agent
 Street Address (P.O. Box Number is Not Acceptable)
 City, State, Zip Code
FL 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 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 Statute.

SIGNATURE
 Signature, typed or printed name of registered agent and title (if applicable) DATE

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
	Pres Michael Lando	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1878 Cottonwood Trl		
CITY-STATE-ZIP	SARASOTA FL 34232		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the provisions of Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct. I, the undersigned, shall have no legal effect unless I make a personal oath that I am an officer or director of the corporation or the receiver or trustee empowered to represent the corporation as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on its attachment, as an officer or director of the corporation.

SIGNATURE: **Michael Lando** 4/30/99