FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **P96000068309 (9)**

1. Corporation Name
CANDI CISCO, INC.

Principal Place of Business

803 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410

Mailing Address

803 SILVERLEAF OAK COURT
PALM BEACH GARDENS FL 33410-4478

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1996	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21 150 WORTH AVENUE	26 150 WORTH AVENUE	65-0699922	Applied For	Not Applicable
Suite, Apt #, etc. 22 207	Suite, Apt #, etc. 27 207	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required	
City & State 23 PALM BEACH, FL	City & State 28 PALM BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees	
Zip 24 33401 Country 25 PALM BEACH	Zip 29 33401 Country 30 PALM BEACH	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUBITZ, CHARLES A 515 NORTH FLAGLER DRIVE 17TH FLOOR W PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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** NAME **CISCO, CANDI** STREET ADDRESS **803 SILVERLEAF OAK COURT** CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: _____   4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #