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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084768 (6)

CANDLELIGHT RESTAURANT ENTERPRISES, INC.

Principal Place of Business Mailing Address 17807 GULF BLVD. 17807 GULF BLVD. REDDINGTON SHORES FL 33708 REDDINGTON SHORES FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3418644 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 2 mThis corporation owes or has paid the current year Intengible Personal Property Tax due June 30. □ No 24 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Bruszer, Daniel L 17807 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) **REDDINGTON SHORES FL 33708** 83 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 DILE BRUSZER, DANIEL L NAME 1.2 NAME 17807 GULF BLVD. STREET ADDRESS 1.3 STREET ADDRESS **REDDINGTON SHORES FL 33708** CITY - ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 this 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.

6 1 TITLE 6.2 NAME

63 STREET ADDRESS

DELETE

Change

Addition

FILED

May 11 1998 8:00am

Secretary of State