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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000090052 (7)

1. Corporation Name
CANDY-TIME INC.

Principal Place of Business

803 RIDGE ROAD
APARTMENT 2
LANTANA FL 33462

Mailing Address

803 RIDGE ROAD
APARTMENT 2
LANTANA FL 33462-1441

3. Date Incorporated or Qualified
10/30/1996

3a. Date of Last Report

2. Principal Place of Business
21 815 Andrew Redding Rd.

2a. Mailing Address PO BOX 3353

4. FEI Number

65-0708836

Applied For

Not Applicable

22 Suite, Apt. #, etc.
504

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State
LANTANA FL

28 City & State
LANTANA FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip
33462

25 Country
US

29 Zip
33465

30 Country
US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAST, JUKKA
1105 S. PALMWAY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, TOMI HANNU	
STREET ADDRESS	803 RIDGE ROAD, APARTMENT #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, KIMMO HENRIK	
STREET ADDRESS	803 RIDGE ROAD, APARTMENT #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, PIA ELISABETH	
STREET ADDRESS	803 RIDGE ROAD, APARTMENT #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, HANNU KALEVI	
STREET ADDRESS	803 RIDGE ROAD, APARTMENT #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEIMAN, TUULA ANNEU	
STREET ADDRESS	803 RIDGE ROAD, APARTMENT #2	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	815 Andrew Redding Rd # 504	
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	815 Andrew Redding Rd # 504	
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	815 Andrew Redding Rd # 504	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	815 Andrew Redding Rd # 504	
4.4 CITY-ST-ZIP		
5.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	815 Andrew Redding Rd # 504	
5.4 CITY-ST-ZIP		
6.1 TITLE	900002145568	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/17/97--01003--026	
6.3 STREET ADDRESS	***165.00	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tuula Heimann

Date 25/3-97 Daytime Phone # 561-2522475

CR2E034 (9/96)