

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000039479 (5)

1. Corporation Name
CANDIES BY NANI, INC.

Principal Place of Business
1730 NW 87TH AVE
PEMBROKE PINES FL 33024

Mailing Address
1730 NW 87TH AVE
PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	12161 TAFT ST.	26		05/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65 0748153	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. PEBROKE PINES, FL		28.		A	
24. 33024		29.		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25. BROWARD		30.		Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				X Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAHN, PHYLLIS A 1730 NW 87TH AVE PEMBROKE PINES FL 33024				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 *Phyllis A Jahn Pres*

DATE APRIL 10, 1998

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
[] DELETE				[] Change [] Addition			
TITLE	PVST			1.1 TITLE			
NAME	JAHN, PHYLLIS A			1.2 NAME			
STREET ADDRESS	1730 NW 87TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			1.4 CITY-ST-ZIP			
TITLE	D	[] DELETE		2.1 TITLE	[] Change [] Addition		
NAME	JAHN, PHYLLIS A			2.2 NAME			
STREET ADDRESS	1730 NW 87TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33024			2.4 CITY-ST-ZIP			
TITLE		[] DELETE		3.1 TITLE	[] Change [] Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		[] DELETE		4.1 TITLE	[] Change [] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		[] DELETE		5.1 TITLE	[] Change [] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[] DELETE		6.1 TITLE	[] Change [] Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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 *Phyllis A Jahn Pres*

6-9-98

CR2E034 (10/97)