PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90101 015 ***150.00

DOCUMENT # **P97000097275**

1. Corporation Name
CANDYLAND WAREHOUSE, INC.

Principal Place of Business
10550 PEBBLE COVE LANE
BOCA RATON FL 33434

Mailing Address
10550 PEBBLE COVE LANE
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/14/1997

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0787053**	Applied For
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

| City & State 23 | City & State 28 | 6. Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees |

| Zip 24 33498 | Country 25 | Zip 29 33498 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |

9. Name and Address of Current Registered Agent

SHENKMAN, KEN
10550 PEBBLE COVE LANE
BOCA RATON FL 33434

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 33498

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**	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME **SHENKMAN, CAROLE**		1.2 NAME	
STREET ADDRESS **10550 PEBBLE COVE LANE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL 33434**		1.4 CITY-ST-ZIP	33498
TITLE **D**	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME **SHENKMAN, HOWARD**		2.2 NAME	
STREET ADDRESS **10550 PEBBLE COVE LANE**		2.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL 33434**		2.4 CITY-ST-ZIP	33498
TITLE **D**	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME **SHENKMAN, BRIAN**		3.2 NAME	
STREET ADDRESS **10550 PEBBLE COVE LANE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL 33434**		3.4 CITY-ST-ZIP	33498
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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ 4/13/99 561 487 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)