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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000100474**1. Corporation Name

Principal Place of Business .

CANDY KINGDOM, INC.

	TAMONTE AVENUE 451 E ALTAMONTE AVENUE 1437						.,			
1437 ALTAMONTE SPRINGS FL 32701		1437 ALTAMONTE SPRINGS FL 32701				Ì	DO NOT WRITE IN THIS SPACE			
US		US			3.	3. Date Incorporated or Qualifed				
i dir d						I	11/25/1997			
2. Principal P	Place of Business	2a. Mailing A	ddress				FEI Number		<del></del>	Applied For
21		26	uu				59-3478376			Not Applicable
Suite, Apt.	# etc	Suite, Apt	# etc.				353410010			Additional
	m, 6tc.	<b>⊢</b> ' '	π, <b>υ.υ.</b>			5.	Certificate of Status Desired	ı 🗆		Required
22			ate	<del></del>			Election Compaign Sinonois			
23		28	310				Election Campaign Financia Trust Fund Contribution	<sup>ng</sup> □		May Be
Zip	Country	Zip		Country		<del></del>	This corporation owes the o	werent year Into		10,663
24	[25]	29	30	W.T.E.,			Personal Property Tax.		ingible Yes	No
24	Name and Address of Current			<del></del>	<del></del>		Name and Address of Ne			
<del></del>				81	Name				·8-··-	
	JAMIL			82						
451 E ALTAMONTE AVENUE 1437						Address (P.O. Box Number is Not Acceptable)				
ALTA	AMONTE SPRINGS FL 32701			83			<del></del>			2 ,
				[-	_					
* . * .				84	City			FI	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, FI	lorida Statutes, th	e above	-named	corporation	submits this statement for t		changing i	ts registered
office or n	egistered agent, or both, in the State of	f Florida, Such ch	ange was authori	ized by i	the como	oration's bo	ard of directors. I hereby ac	cept the appoin	tment as	egistered
•	m familiar with, and accept the obligation	ons of, Section of	07.0505, Fiorida S	Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regist	tered Agen	t nionature e	es audenad urban en	Nonfail at	DATE		
			(		r signature n	redniien wiieri ia	misteuriy)			
12.	OFFICERS AND			13.	i signature r		ADDITIONS/CHANGES TO		D DIRECT	ORS IN 12
12.	OFFICERS AND PSTD	DIRECTORS			i signatuje ri				D DIRECT	
<del></del>		DIRECTORS	DELETE 1	13.	i signatuje n					
TITLE	PSTD	DIRECTORS	DELETE 1.	13.						
TITLE NAME	PSTD ALI, JAMIL	DIRECTORS	DELETE 1. 1. 1.	13. 1.1 TITLE 1.2 NAME	ADDRESS					
TITLE NAME STREET ADDRESS	PSTD ALI, JAMIL 451 E ALTAMONTE AVE 1437	DIRECTORS	DELETE 1. 1. 1. 1.	13. I.1 TITLE I.2 NAME I.3 STREET	ADDRESS					Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALI, JAMIL 451 E ALTAMONTE AVE 1437	DIRECTORS	DELETE 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS				☐ Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSTD ALI, JAMIL 451 E ALTAMONTE AVE 1437	DIRECTORS	DELETE 1  1  1  1  1  1  1  1  1  1  1  1  1	13. 11 TITLE 12 NAME 13 STREET 14 CITY-ST 22 NAME 22 NAME 23 STREET 24 CITY-S 31 TITLE 33 STREET 34 CITY-S 11 TITLE 12 NAME 13 STREET 14 CITY-S 14 TITLE 15 NAME 16 NAME 17 NAME 18 NAME 18 NAME 18 NAME 18 NAME 18 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP				Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD ALI, JAMIL 451 E ALTAMONTE AVE 1437 ALTAMONTE SPRINGS FL 32701	DIRECTORS	DELETE 1  1  1  1  1  1  1  1  1  1  1  1  1	13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.4 CITY-S 6.5 TITLE 6.5 NAME 6.5 STREET 6.6 CITY-S 6.7 TITLE 6.7 NAME 6.7 STREET 6.8 STREET 6.8 STREET 6.9 STREET 6.1 STREET 6.1 STREET 6.3 STREET 6.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS				Change	Addition  Addition  Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PSTD ALI, JAMIL 451 E ALTAMONTE AVE 1437	DIRECTORS	DELETE 1  1  1  1  1  1  1  1  1  1  1  1  1	13. 11 TITLE 12 NAME 13 STREET 14 CITY-ST 22 NAME 22 NAME 23 STREET 24 CITY-S 31 TITLE 33 STREET 34 CITY-S 11 TITLE 12 NAME 13 STREET 14 CITY-S 14 TITLE 15 NAME 16 NAME 17 NAME 18 NAME 18 NAME 18 NAME 18 NAME 18 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS				Change	Addition Addition Addition Addition

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, of on an attachment with an applicable.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90049 036 \*\*\*150.00

CR2E034 (11/98)