**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 06, 1999 8:00 am Secretary of State 05-06-1999 90247 027 \*\*\*150.00

1999

DOCU	MENT # P98000	006526			<u>_</u> .			
•	CANDY DASS, INC.							
UNI G C	AND DAGG MG				) 1833/188) 118 (1833) 1 <b>3</b> 411 (1841) 88/11 88/11 83/11 83	# 199 <b>3 1</b> 011 <b>1</b> 011 1		
Principal Plac	e of Business	Mailing Address			£ 1881168 116 1011 1011 1011 1011			
3695 E TAMIAMI TR 3695 E TAMIAMI TR								
naples fl		naples fl			DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed			
					01/21/1998			
2 Principal C	Place of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21	Idea of Desiress	26			<i>59-348</i> 8222_	Not	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22	•	27			5. Certificate of Status Desired	Fee Red	quired	
City & Stat	0	City & State		_	6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		□No ·	
24	25	29 30	1		Personal Property Tax.			
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Register	a Agent		
SHU	)MR, JOSEPH		"]	0	ASO JAMEO W			
17439 NW 66 CT			82	Street Ad	iress (P.O. Box Number is Not Acceptable)			
	MI FL 33015		83					
1411/41	1 2 550 15		"					
			84	City		L 85 Zip C	ode	
		Donat COZ 1500 Florido Cintuas	the shous	named co			registered	
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was auth	orized by t	he corpora	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap-	pointment as reg	istered	
agent. i a	im familiar with, and accept the obliga	itions of, Section 607.0505, Florida	s Statutes.		nul	rlea	- 1	
SIGNATURE	June Vite	2)	centered Apent	expositure requi	red when reinstating) DATE	7/9.1	<u> </u>	~
12.	Sinhabits, typed or printed name of regarded agent and tale if explicable. (NOTE: R OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 TITLE	٠,	PRESCIENT	Change	☐ Addition	Ξ
NAME	DASS, JAWED W		1.2 NAME					8
STREET ADDRESS	OILL A4 OT		1.3 STREET	ADDRESS			ļ	E C
CITY-ST-ZIP	NAPLES FL 34117		1.4 CITY- ST-	ZIP				8
TITLE	VD	☐ DELETE	2.1 TITLE /5		BC_ TOURAS	Change	☐ Addition	U
NAME	DASS, CANDY R		22 NAME				į	
STREET ADDRESS	OIL OT		2.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	-NAPLES FL:34117		2.4 CTTY-57	·ZP				
TITLE	SD	DELETE	3.1 TITLE			Change	Addition	
NAME	DASS, NAWEED H		3.2 NAME	- 1				
STREET ADDRESS	-710 SW-31 ST -		3.3 STREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL 34117		3.4. CITY-51	· ZP			F"I Addition	
TITLE	OΤ	€ <b>3</b> DELETE	4.1 TITLE	ļ		Change	Addition	
NAME	DASS, CHRISTOPHER J		4.2 NAME					
STREET ADDRESS	710 SW 31 ST		4.3 STREET	ADDRESS			J	
CITY-ST-ZIP	NAPLES FL 34117		4.4 CITY-ST-ZIP			Change	Addition	
TITLE		☐ DELETE	5.1 TITLE	1				
NAME			5.2 NAME					
STREET ADDRESS	<u>;</u>		5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	- <b>∠</b> IP		☐ Change	Addition	
TITLE	1	☐ DELETE	6.1 TITLE					l
				ı				
NAME			62 NAME				}	
STREET ADDRESS			6.3 STREET				ļ	

14. I hereby certify that the information supplied with this filling 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: