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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000026607

1. Corporation Name

THE BOCA RATON CANDLE COMPANY, INC.

Dringing Diago of Business

Mailing Address

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90099 002 \*\*\*150.00

|  | <b>48114</b> |  |
|--|--------------|--|

| Fillicipal Flac           | e or business  | Maining Address                     |                   |              |  |
|---------------------------|--|-------------------------------------|-------------------|--------------|--|
| 7049 SAN SALVADOR DRIVE   |  | 7049 SAN SALVADOR DRIVE             |                   |              |  |
| BOCA RATON                | FL 33433   | BOCA RATON FL 33433                 |                   |              | DO NOT WRITE IN THIS SPACE   |
| 1                         |  |                                     |                   |              | 3. Date incorporated or Qualifed   |
| l                         |  |                                     |                   |              | 03/23/1998   |
| 2 Principal P             | Mace of Business   | 2a, Mailing Address                 |                   |              | 4 EEI Number Applied For   |
|                           | race of Business   | <b>⊢</b>                            |                   |              | 45-0821870   Not Applicable  |
| 21 Suite Ant              | # ata  | Suite, Apt. #, etc.                 |                   |              | \$8.75 Additional  |
| Suite, Apt.               | #, 616.  |                                     |                   |              | 5. Certificate of Status Desired Fee Required  |
| 22 Ciby 8 Stat            |  | 27  <br> City.& State               |                   |              |  |
| City.&.Stat               |  | <b>⊢</b> , ′                        |                   |              | 6: Election Campaign Financing 55:00 May Be  Trust Fund Contribution Added to Fees   |
| Zip                       | Country  | 28 Zip                              | Country           |              | 8. This corporation owes the current year Intangible   |
| <b>⊢</b> '                | 25   | 29 30                               |                   | ,            | Personal Property Tax,   |
| 24                        | 9. Name and Address of Current   |                                     |                   |              | 10. Name and Address of New Registered Agent   |
|                           | 9. Name and Address of Current   | Registered Agent                    | 81                | Nar          | rame   |
| BLA                       | NK, CARYN L  |                                     |                   |              |  |
|                           | SAN SALVADOR DRIVE   |                                     | 82                | Stre         | treet Address (P.O. Box Number is Not Acceptable)  |
|                           | A RATON FL 33433   |                                     | 82                | -            |  |
| 1 300                     | , intollin cotto   |                                     | 83                |              |  |
|                           | •  |                                     | 84                | City         | ity 85 Zip Code  |
|                           | ·  | ·                                   |                   |              | FL   o   zp 3000   |
| 11. Pursuant              | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes,     | the above         | e-nam        | amed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| office or r<br>agent. I a | registered agent, or both, in the State o<br>im familiar with, and accept the obligati | ons of, Section 607.0505, Florida   | Statutes          | uie ci<br>S. | corporation's board of directors. Thereby accept the appointment as registered   |
|                           |  |                                     |                   |              |  |
| SIGNATURE                 | Signature, typed or printed name of registered agent                                   | and title if applicable. (NOTE: Reg | jistered Agei     | nt signat    | nature required when reinstating) DATE   |
| 12.                       | OFFICERS AND   | DIRECTORS                           | 13.               |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                     | D  | ☐ DELETE                            | 1.1 TITLE         |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  |
| NAME                      | BLANK, CARYN L   |                                     | 1.2 NAME          |              |  |
| STREET ADDRESS            | 7049 SAN SALVADOR DRIVE  |                                     | 1.3 STREE         | T ADDRE      | PRESS  |
| CITY-ST-ZIP               | BOCA RATON FL 33433  |                                     | 1.4 CITY-S        | T-ZIP        | ,  |
| TITLE                     | D  | ☐ DELETE                            | 2.1 ΠΤ <u>L</u> E |              | ☐ Change ☐ Addition S  |
| NAME                      | BLANK, MICHAEL S   |                                     | 2.2 NAME          |              |  |
| STREET ADDRESS            |  |                                     | 2.3 STREE         | T ADDRE      | NRESS  |
| <u> </u>                  | BOCA RATON FL 33433  |                                     |                   |              | (  |
| CITY-ST-ZIP               | BOOK RATOR I'E 33403   |                                     | 2.4 CITY-5        | 31-ZIP       | Change   Addition  |
| TITLE                     |  |                                     |                   |              |  |
| NAME                      |  |                                     | 3.2 NAME          |              |  |
| STREET ADDRESS            |  |                                     | 3.3 STREE         |              | ļ.   |
| CITY-ST-ZIP               |  |                                     | 3.4. CITY-S1      |              | P Change Addition  |
| TITLE                     | l  | ☐ DELETE                            | 4.1 TITLE         |              | Change [] Addition   |
| NAME                      | 1  |                                     | 4. 2 NAME         |              |  |
| STREET ADDRESS            |  |                                     | 4.3 STREE         | TADDRE       | RESS   |
| CITY-ST-ZIP               |  | ·                                   | 4.4 CITY-S        | T-ZIP        |  |
| TITLE                     |  | ☐ DELETE                            | 5.1 TITLE         |              | ☐ Change ☐ Addition  |
| NAME                      | )  |                                     | 5.2 NAME          |              |  |
| STREET ADDRESS            |  |                                     | 5.3 STREE         | TADDRE       | PRESS  |
| CITY-ST-ZIP               | {  |                                     | 5.4 CITY-S        | T-ZIP        |  |
| TITLE                     |  | ☐ DELETE                            | 6.1 TITLE         |              | ☐ Change ☐ Addition  |
| NAME                      |  |                                     | 6.2 NAME          |              | }  |
| STREET ADDRESS            |  |                                     | 6.3 STREET        | T ADDRI      | DRESS .  |
|                           |  |                                     | 6.4 CITY-S        |              | į l  |
| CITY-ST-ZIP               | <u> </u>   |                                     | V-7 - OH 1 1 2 D  | , , - 💴      |  |

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.

AND TYPED OF PRATED NAME OF SIGNING OFFICER OF DIRECTOR

561-391-9991