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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00600

(4)

CANDITO AND ASSOCIATES, INC.

FILED
May 05 1997 8:00am
Secretary of State

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Principal Disco								
i iliicipa riace	e of Business	Mailing Address			1 (400,442 3/1 40/1) 40/10 51/41 20/11 40/1	1 81811 B1811 A1R11	Bibit pillit	#13f1 19 4 1
540 11TH CIRC Naples FL 339		2540 11TH CIRCLE Naples FL 34103-4503						
					3. Date Incorporated or Qualified 09/04/1990	3a. Date 05/01/		Report
. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1		oplied For
		26			59-3037459		No	ot Applicab
Suite, Apt.	#. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	2	City & State	:		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Counti	У	8. This corporation has liability for			. 199.032,
	25	29	30			Yes Q		
	9. Name and Address of Curre	ent Registered Agent		.,	10. Name and Address of New R	egistered Ag	ent	
	Dito, Joseph, Jr.		8	I Name				
	11TH CIRCLE		8:	2 Street Ad	dress (P.O. Box Number is Not Accepta	ible)		
napi	LES FL 33940° 34103		<u> </u>	<u> </u>				
			8:	3				
			8	4 City			85 Zip	Code
			-	1 '		PL!	1	
GNATURE	Superine types or printed hame of registored a	igent and little if applicable (N	OTE: Registered A		rporation submits this statement for the ation's board of directors. I hereby account to the statement of the ation's board of directors. I hereby accounts when reinstating)	DATE		
l .	OFFICERS A	ND DIRECTORS						
	<u> </u>		13.		ADDITIONS/CHANGES TO OFF			
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rigor hereby certify that the imprimation supplied with this filling does not quality for the exemption state on section 119.07 (3)), ribidia statutes. Indition that my 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STATES OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: