

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # 892783 (7)
1. Corporation Name
Wholesale Candy Distributors, Inc

Principal Place of Business
**10101 Glades Rd.
Suite 6158
Boca Raton, Fl. 33498**

Mailing Address
**10101 Glades Rd
Suite 6158
Boca Raton, Fl. 33498**

3. Date Incorporated or Qualified **11/07/1991** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business
21 **210 University Dr** 2a. Mailing Address
26 **210 University Dr**

Suite, Apt. #, etc.
22 **Suite 502** 27 **Suite 502**

City & State
23 **Coral Springs, Fl** 28 **Coral Springs, Fl.**

Zip Country
24 **33071** 25 **USA** 29 **33071** 30 **USA**

4. FEI Number **65-0294066** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Buskirk, Tracy
10101 Glades Rd
Boca Raton, Fl. 33498**

81 Name **Buskirk, Tracy**
82 Street Address (P.O. Box Number is Not Acceptable)
210 University Dr.
83 **Suite 502**
84 City **Coral Springs** 85 Zip Code **FL 33071**

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 **Tracy Buskirk** DATE **4/30**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	Buskirk, Tracy
STREET ADDRESS	10101 Glades Rd #6158
CITY-ST-ZIP	Boca Raton, Fl. 33498
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Buskirk, Tracy
1.3 STREET ADDRESS	210 University Dr Suite 502
1.4 CITY-ST-ZIP	Coral Springs, Fl. 33071
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002180667
5.3 STREET ADDRESS	-05/16/97--01008--013
5.4 CITY-ST-ZIP	***165.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05
6.3 STREET ADDRESS	5/7/97
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Tracy Buskirk** DATE **4/30** DAYTIME PHONE # **346-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR