

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PRCFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S94119** (2)

1. Corporation Name

**CANDLESENCE V, INC.**



Principal Place of Business

**8320 SW 87TH TERR.  
MIAMI FL 33143**

Mailing Address

**8320 SW 87TH TERR.  
MIAMI FL 33143**

3. Date Incorporated or Qualified  
**11/14/1991**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**65-0295725**

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

~~TASSE~~  
**TASSE, LOUIS J.  
8320 SW 87TH TERR.  
MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **TASSE, LOUIS J.**  
CITY-ST-ZIP **8320 S.W. 87TH TERR  
MIAMI FL**

TITLE ☐ DELETE  
NAME **DST**  
STREET ADDRESS **TASSE, CAROL E.**  
CITY-ST-ZIP **8320 S.W. 87TH TERR  
MIAMI FL**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **TASSE, GREGORY L.**  
CITY-ST-ZIP **1981 NW 184 TERR  
PEMBROKE PINES FL**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **TASSE, JOHN J.**  
CITY-ST-ZIP **10180 SW 49 MANOR  
COOPER CITY FL**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **MORTIMER, PAMELA**  
CITY-ST-ZIP **8320 SW 87 TERRACE  
MIAMI FL**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **TASSE, TIMOTHY**  
CITY-ST-ZIP **14075 LANGLEY PL  
DAVIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Carol E. Tasse** **CAROL E. TASSE**

**4/23/96**

**305-274-5653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)