

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67943 (3)
1. Corporation Name
QUARTER CANDY, INC.

Principal Place of Business Mailing Address
**108 S ANCHORAGE DR
NORTH PALM BEACH FL 33408** **108 S ANCHORAGE DR
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/01/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0360874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

9. Name and Address of Current Registered Agent

**TRACEY JOSEPH G.
108 SOUTH ANCHORAGE DRIVE
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature based on printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE D	NAME TRACEY, JOSEPH G.
STREET ADDRESS 108 S ANCHORAGE DR	
CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(b), 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: Joseph G. Tracey **Joseph G. Tracey** 4/23/95 (407) 863 5737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR