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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V69324

(4)

1. Corporation Name

CANDANPAT ENTERPRISES, INC.

Principal Place of Business

5141 CENTRAL AVE
ST PETERSBURG FL 33710
US

Mailing Address

11265 5TH STREET, EAST
TREASURE ISLAND FL 33706



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CONE, PATRICIA Y
11265 FIFTH STREET EAST
TREASURE ISLAND FL 33706

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 607.0102 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 of person being appointed as the registered agent

Print Name of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE PT
NAME CONE, PATRICIA Y.
STREET ADDRESS 11265 5TH STREET, EAST
CITY-STATE-ZIP TREASURE ISLAND FL

☐ DELETE

TITLE VS
NAME CONE, DANIEL B.
STREET ADDRESS 11265 5TH STREET, EAST
CITY-STATE-ZIP TREASURE ISLAND FL

☐ DELETE

TITLE
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CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-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 supplement to 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 registered agent, or a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. CONE

4/5/96

813.326.2740

CR2E034 (12/95)