

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda S. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PR 3:43

2-14-01-33-01

DOCUMENT # 838762 (3)

1. Corporation Name
CANDLE CORPORATION OF AMERICA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1977	3a. Date of Last Report 04/19/1994
4. FEI Number 11-1434610	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
999 E. TOUHY STE. #450 DES PLAINES IL 60018 US		999 E. TOUHY STE. #450 DES PLAINES IL 60018 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent

**GARCIA, JOSE
7383 NW 38 AVE.
MIAMI FL 33147**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code **FL**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	KRELUCK, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	1.2 NAME	
STREET ADDRESS	DES PLAINES IL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE V	ROSE, HOWARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	2.2 NAME	
STREET ADDRESS	DES PLAINES IL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE V	KELLEHER, JOSEPH	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	3.2 NAME	DELETE
STREET ADDRESS	DES PLAINES IL	3.3 STREET ADDRESS	KELLEHER, JOSEPH
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE V	FRIESE, JIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	4.2 NAME	
STREET ADDRESS	DES PLAINES IL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE S	ROSE, HOWARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 45-0	5.2 NAME	
STREET ADDRESS	DES PLAINES IL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	GOERGEN, BOB	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	6.2 NAME	
STREET ADDRESS	DES PLAINES IL	6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Howard E Rose **HOWARD E. ROSE** 2/21/95 (708) 294-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR