

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

2-14-01-33-01  
\$ 200.00

DOCUMENT # **838762 (3)**  
1. Corporation Name  
**CANDLE CORPORATION OF AMERICA**



Principal Place of Business: 999 E. TOUHY STE. #450 DES PLAINES IL 60018 US  
Mailing Address: 999 E. TOUHY STE. #450 DES PLAINES IL 60018 US

3. Date Incorporated or Qualified: 07/13/1977  
3a. Date of Last Report: 02/28/1995  
4. FEI Number: 11-1434610  
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

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

9. Name and Address of Current Registered Agent  
**GARCIA, JOSE  
7363 NW 36 AVE.  
MIAMI FL 33147**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KREILICK, THOMAS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	12 NAME	
STREET ADDRESS	DES PLAINES IL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V ROSE, HOWARD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	22 NAME	
STREET ADDRESS	DES PLAINES IL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	V FRIESE, JIM	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	32 NAME	
STREET ADDRESS	DES PLAINES IL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	S ROSE, HOWARD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 45-0	42 NAME	
STREET ADDRESS	DES PLAINES IL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D GOERGEN, BOB	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 E TOUHY AVE STE 450	52 NAME	
STREET ADDRESS	DES PLAINES IL	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

300001828863  
-05/20/96--01036--005  
\*\*\*200.00

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 4/26/96 (817) 294-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date of Filing) x 1226

CR2E034 (12/95)