

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/13/1977	
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KREILICK, THOMAS	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, HOWARD	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIESE, JIM	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOERGEN, BOB	
STREET ADDRESS	999 E TOUHY AVE STE 450	
CITY-ST-ZIP	DES PLAINES IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100 FIELD PT. ROAD
4.4 CITY-ST-ZIP	GREENWICH, CT. 06830
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	ROSE, HOWARD
5.4 CITY-ST-ZIP	999 E. TOUHY AVE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VICE-PRESIDENT
6.3 STREET ADDRESS	RICHARD BROWNING
6.4 CITY-ST-ZIP	100 FIELD POINT RD.
	GREENWICH, CT. 06830

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Rose* **HOWARD ROSE** **4/29/98 (847)294-1100**

CF2E034 (10/97)