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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90095 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838762**

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/13/1977</b>	4. FEI Number <b>11-1434610</b>	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 the current year Intangible Personal Property Tax. <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KREILICK, THOMAS</b>
STREET ADDRESS	<b>999 E TOUHY AVE STE 450</b>
CITY-ST-ZIP	<b>DES PLAINES IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROSE, HOWARD</b>
STREET ADDRESS	<b>999 E TOUHY AVE</b>
CITY-ST-ZIP	<b>DES PLAINES IL 60018</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BROWNING, RICHARD</b>
STREET ADDRESS	<b>100 FIELD POINT RD</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GOERGEN, BOB</b>
STREET ADDRESS	<b>100 FIELD POINT RD</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>
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	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Elwood L. La Forge</b>
1.3 STREET ADDRESS	<b>100 Field Pt Rd</b>
1.4 CITY-ST-ZIP	<b>Greenwich CT 06830</b>
2.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bruce D. Kreiger</b>
2.3 STREET ADDRESS	<b>100 Field Pt Rd</b>
2.4 CITY-ST-ZIP	<b>Greenwich CT 06830</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Bruce D. Kreiger* **SIGNATURE REBRUCE D. KREIGER** 3/29/99 203-691-1926  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)