

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S03472

(5)

1. Corporation Name

CANDARO INVESTMENT CORP.

Principal Place of Business

**8600 MIDNIGHT PASS ROAD
SARASOTA FL 34242-3810**

Mailing Address

**8600 MIDNIGHT PASS ROAD
SARASOTA FL 34242-3810**

FILED

95 FEB 27 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/02/1990		03/11/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0231648		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25 Country		30 Country		☐ Yes ☐ No		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, STEWART	1.2 NAME	
STREET ADDRESS	8600 MIDNIGHT PASS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, RONALD	2.2 NAME	
STREET ADDRESS	282 WOOD ACRES DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	E. AMHERST NY	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, DAVID E.	3.2 NAME	
STREET ADDRESS	112 CROWN POINT LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WILLIAMSVILLE NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, STEWART C.	4.2 NAME	
STREET ADDRESS	8600 MIDNIGHT PASS RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		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 110.07(10)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required