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

PROFIT CORPORATION

1997

ATLAS PEN & PENCIL CO.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 264290

(8)

ANNUAL REPORT

FILED

Feb 03 1997 8:00am

Secretary of State

Principal Plac 3040 N. 29 AV P.O. BOX 600 HOLLYWOOD I	Ē.	Mailing Address 3010 N. 29 AVE. P.O. BOX 600 HOLLYWOOD FL 33020-131	0			
					3. Date Incorporated or Qualified 11/12/1962	3a. Date of Last Report 02/29/1996
2. Principal P	lace of Business	28. Mailing Address 26			4. FEI Number 59-1001462	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25		Country 30	<i></i>	8. This corporation has liability for in Florida Statutes	Yes No
	g. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Reg	pistered Agent
	INEIDER, ROBERT		81	Name		
	0 NORTH 29TH AVENUE LLYWOOD FL 33022		82		ress (P.O. Box Number is Not Acceptabl	le)
			83			
1			84	City		FL 85 Zip Code
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named corp y the corporal s.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE						
10	Signature, typica or printed name of registered ago: OFFICERS AND		Registered Ag	ent signature requi-	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIRECTORS IN 12
12.	I VD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	SCHNEIDER, ROBERT	L.J DECCTE	1.2 NAME	i		E change
STREET ADDRESS	3040 NORTH 29TH AVENUE			ADDAESS		:
CITY-ST-7IP	HOLLYWOOD FL		1.4 C/TY-	1	·	
10LE	VD	DELETE	21 TITLE	31-11		Change Addition
NAME	COUNTIDED EDIC		2.2 NAME			
STREET ADDRESS	ANA MODITU ANTIMILE		1	T ADDRESS		Ì
CITY-SI-2IF	HOLLYWOOD FL		2.4 CITY			
TITLE		DELETE	3.1 TITLE		·	Change Addition
NAME			3.2 NAME			·
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY - ST - ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	T		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - S1 - ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREE	TADDRESS		
CITY-ST-ZIP		······································	5 4 CITY-	ST-ZIP		
THILE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	İ		6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		

14. I do 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 frue and accurate and that my signature shall have the same legal effect as if made under oath; that it 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 12 if changed, or or fin all achieves.

SIGNATURE:

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR