

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **608582** (3)
1. Corporation Name
ROUND PEN, INC.



Principal Place of Business: **21517 KEENE RD LITHIA FL 33547 US**
Mailing Address: **21517 KEENE RD. LITHIA FL 33547**

2. Principal Place of Business: 21, State: Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, State: Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

3. Date Incorporated or Qualified: **02/01/1979**
3a. Date of Last Report: **02/28/1995**
4. FEET Number: **59-1895206**
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

9. Name and Address of Current Registered Agent
**FALVEY, ROBERT
21517 KEENE RD.
LITHIA FL 33547**

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 **FL**

11. Pursuant to the provisions of Sections 607.034(1) and 607.15(6), 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 607.034(1), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	FALVEY, ROBERT	
STREET ADDRESS	21517 KEENE ROAD	
CITY-STATE-ZIP	LITHIA, FL 00000	
TITLE	DV	[] DELETE
NAME	FALVEY, JANET	
STREET ADDRESS	21517 KEENE ROAD	
CITY-STATE-ZIP	LITHIA, FL 00000	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	
2. TITLE	[] Change [] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. TITLE	[] Change [] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. TITLE	[] Change [] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. TITLE	[] Change [] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-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 119.04(5)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 checked, and, in addition, was an officer.

SIGNATURE: *Robert R. Falvey* **ROBERT R. FALVEY** 3-25-96 (013) 634-2975

CR2E034 (12/95)