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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000061480 (7)

1. Corporation	Name	•	•		
FINE I	LINE, INC.				
Principal Place	of Business	Mailing Address			7516 89168 91161 1981 1 01601 16161 0 251 50 0 1
3056 S STATE RD 7 BAF 78		3056 S STATE RD 7 Bay 78		650466797	
MIRAMAR FL 33023 MIRAMAR FL 3303				3. Date Incorporated or Qualified 3	a. Date of Last Report
1				08/19/1994	02/15/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip 24]	Country 25	Z ₁ p	Country	8. This corporation has liability for intar	
24 25 29 30 9. Name and Address of Current Registered Agent			30	Florida Statutes Yes No 10. Name and Address of New Registered Agent	
			81 Name	To: Italia dila Addiasa di Itali Itagi.	stored Agent
DERWICK, ROBERT			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
3056 S STATE RD 7 BAY 78				egg (101 Dox Harrisor to Natividoptoble)	
			83		
MIKAMA	AR FL 33023		84 City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statutes.	the above-named cornor	ration submits this statement for the purpose	FL S 2 P Oods
or registere	ed agent, or both, in the State of Floric n, and accept the obligations of, Secti	ia. Such change was authorized	by the corporation's boar	ration such lits this statement for the purpose ind of directors. I hereby accept the appointing	nent as registered agent. I am
SIGNATURE					
, s	lignature, typed or printed han ellof registered agent		Flagisfored Agent signature requires		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME	dpv Derwick, robert	☐ DELETE	1 1 TITLE		Change Addition
STREET ADDRESS 3056 S STATE RD 7 BAY 78		a a	1.2 NAME		
CITY-ST-ZIP	MIRAMAR FL	,	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TILE	,	Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		_
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP			3.4 CITY - ST - ZIP	600001786 04/22/9601027	13,46
TITLE		☐ DELETE	4 1 TITLE	***200.00	Change Addition
NAME			4.2 NAME	*** <u>*</u>	
STREET ADDRESS			4 3 STREE & ADDRESS		
CiTY-ST-ZiP			4.4 C/TY - ST - ZIF		
TITLE		☐ DEFELE	5 1 TiTLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		C) DOLETO	5 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME CIRCEL ADDRESS			6.2 NAME		2 v.20
STREET ADDRESS			6.3 STREET ADDRESS		ν 4.μ
14. I do hereby	certify that the information supplied v	vito this filmo is voluntarily furnish	64 CITY-ST-ZIP ed and does not qualify fo	or the exemption stated in Section 119.07/3	P/W Florida Statutos I further

certify that the information indicated on this arrival 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 pr trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 25 of charged, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3159830012