ILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENOF STATE

Sandra B. Mosam

Secretary of Se DIVISION OF CORPEATIONS

POCUMENT # P9500001298 (5)

PEN PALS INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
9475 B. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480	3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480-5905
2. Principal Place of Business	2a. Mailing Address

FILED Feb 10 1997 8:00am Secretary of State



3. Date incorporated or Qualified

01/04/1995

3a. Date of Last Report

02/02/1996

21 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Sitreel Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The City FL 85 Zip 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 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature recoved when rehistancy DATE	o Code
Sulte, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State 28 City & State 28 Country Zip Country Zip Country 29 30 Country 30 Country 30 Country 40 Country 29 30 Country 30 Country 30 Country 40	Additional Required D May Be to Fees s. 199,032,
27 City & State City & State 28 City & State 28 Country Zip Country Zip Country 29 30 Shame and Address of Current Registered Agent VANI, BETSY D 3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 B1 City FL B3 City FL B5 Zin Country B1 Name B2 Street Address (P.O. Box Numbor is Not Acceptable) B3 City FL B5 Zin Country B6 Country B7 Country B7 Country B8 Trust Fund Contribution Address B8 Trust Fund Contribution B8 This corporation has liability for intangible tax under Florida Statutes B9 Torder Agent Statutes B8 Signature. Typed or printed name of registered Agent and till of appricable B8 City	D May Be d to Fees s. 199.032,
Trust Fund Contribution Added Zip Country Zip Country Sip Country Begistered Agent Statutes This corporation has liability for intangible tax under Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VANI, BETSY D 3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Experiment to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature required when rehistating) DATE	b Code
Zip Country Zip Country Bell Statutes Boundary Statutes of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WANI, BETSY D 3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 82 Street Address (P.O. Box Number is Not Acceptable) B1 Name 82 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL 85 Zin Street Address of Current Registered Agent Statutes, the above-named corporation submits this statement for the purpose of changing 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 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 tale if applicable (NOTE. Registered Agent signature required when reinstating) DATE	b Code
24 25 29 30 Florida Statutes	o Code
WANI, BETSY D 3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 84 City FL 85 Zi 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 10. Name and Address of New Registered Agent. SIGNATURE 11. Name Street Address (P.O. Box Number is Not Acceptable) Street Address of New Registered Agent Street Address of New Registered Agent Nome 10. Name 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) Bas Zi Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered
WANI, BETSY D 3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 B3 City FL 85 Zi 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 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 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 tate if applicable (NOTE: Registered Agent signature required when reinstating) DATE	its registered
3475 S. OCEAN BLVD. LA BONNE VIE #302 PALM BEACH FL 33480 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zi 85 Zi 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zi 86 Street Address (P.O. Box Number is Not Acceptable) 85 Zi 86 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable)	its registered
PALM BEACH FL 33480 B3 City FL 85 Zi 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 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 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 tate if applicable (NOTE: Registered Agent signature required when reinstating) DATE	its registered
PALM BEACH FL 33480 84 City FL 85 Zi 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 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 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 tate if applicable (NOTE: Registered Agent signature required when rehistating) DATE	its registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Satutes. SIGNATURE Signature, typed or printed name of registered agent and tate if appreciable (NOTE: Registered Agent signature required whon rehistating) DATE	its registered
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and tate if applicable (NOTE: Registered Agent signature required when reinstating) DATE	its registered
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 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 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 tall of applicable (NOTE. Registered Agent signature required when rehistating) DATE	its registered
Office of 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Satutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registred Agent signature required when rehistating) DATE	its registered is registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE	as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and tallo if appricable (NOTE: Registered Agent signature required whon reinstating) DATE	
The state of the s	
TITLE P DELETÉ 1.11TLE Chang	e 🔲 Addition 3
NAME VIANI, BETSY D 1.2 NAME	7
STREET ADDRESS 3475 S. OCEAN BLVD., LA BONNE VIE #302 1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL 33480 1.4 (11Y-ST-ZIP	
TITLE VS DELETE 21 TILE LI Chang	Addition C
NAME COLLINS, MICHAEL L 22HAME	Į
STREET ADDRESS 534 S. SPRING RD. 23STREET ADDRESS 23STREET ADDRESS]
CITY-ST-ZIP WESTERVILLE OH 43081 2.4 CITY-ST-ZIP	
TITLE DELETE 3.11TLE L Chang	e L Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	1
CITY-ST-ZIP 3.4. CITY-SI-ZIP	
TITLE DELETE 4.1 TITLE Chang	e 🔲 Addition
NAME 4.2 MAME	1
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-\$1-ZIP 4.4 CITY-\$1-ZIP	
TITLE DELETE 51 TITLE Chang	e Addition
NAME 5.2 NAME	1
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-\$T-ZIP 5.4 CITY-\$1-ZIP	1
TITLE DELETE 6.1 TITLE Chang	e 🔲 Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	Ì
CITY-SI-ZIP 64 CITY-SI-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 the information indicated on this enough control or supplier on this enough control or supplier on the same level of the certify the certify the certify the certify the 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 the certification in the certi	

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 it 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.

SIGNATURE:

Betsin Municipal Office

1119/91