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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000054855 (6)

FINE WRITING INSTRUMENTS, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



ĺ				
Principal Plac	ce of Business	Mailing Address		
214 CASS STREET 214 CASS STREET				
TAMPA FL 33602 TAMPA FL 33602				DO NOT WEITE IN THE OPACE
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
				06/23/1997
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21		26		59-3755720 Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	T Country	Trust Fund Contribution Added to Fees
24	[25]	Zip	Country	8. This corporation owes or has paid the current year Intangible
	g, Name and Address of Curren	29    Registered Apent	30	Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
ADDRIVATION CONTRACTOR				
1 4744 AUMBRAS TOLON DE				RICHARD GREENHALGH Address (P.O. Box Number is Not Acceptable)
SAFETY HARBOR FL 34695			82 Street	Address (P.O. Box number is not acceptable)  214 E. CASS STACUT
			83	
			84 City	las I 75- Oods
]			84 City	TAMPA FL 85 Zip Code 3 3 4 6 2
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 objection 607.0505, Florida Statutes.				
SIGNATURE Column Green of the control of the contro				
10		it and talle d'appartable (NO		
12.	OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRoc
NAME		<u></u>	1.2 NAME	PRES. [] Change [] Addition
STREET ADDRESS			13 STREET ADDRESS	1710 WAKIKI WAY
CITY-ST-ZIP			14 CITY-SI-ZIP	THURA FL. 33619
TITLE		DELETE.	2 1 TITLE	RICINOS CONCENINALLY U.P. Change Addition
NAME			2.2 NAME	1730 CYPNESS THACE DR.
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		2 4 CITY-ST-ZIP	SAFETY HAMBON F1.34645
TITLE		DECETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	Ì		3 3 STREET ADDRESS	
Crty-St-ZiP		The section	3 4 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	Change Addition
PAME ADDRESS			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP TITLE		DELLTE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	Li Viange Li Rudilion
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZiP	
TITLE		DILETE	61 THLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	
4 4 1 1 1				

14. I 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 suppliemental annual report is frue 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 occeiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an altigoration with an address.