

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F42976** (3)

1. Corporation Name
PRINTING IMPRESSIONS, INC.

Principal Place of Business: **880 SW 10 AVE. BAY 7R
POMPANO BCH FL 33069
US**
Mailing Address: **880 SW 10 AVE BAY 7R
POMPANO BCH FL 33069
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1981** 3a. Date of Last Report: **05/19/1994**

| | | | |
|--------------------------------|----------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied for |
| 21. State, Apt # etc | 26. State, Apt # etc | 59-2125523 | Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. ZIP | 28. ZIP | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under 199 (32) Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| 81. Name | 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City | 83. City |
| 84. ZIP | 84. ZIP |
| 85. State | 85. State |

11. Pursuant to the provisions of Sections 607.0907 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0907, Florida Statutes.

SIGNATURE: *Mark Martin C.* (Signature of Registered Agent) / *Mark Martin C.* (Signature of Registered Agent)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|---|--|
| 1. NAME | PD MARK, MARTIN C. | 1. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |
| 2. STREET ADDRESS | 880 SW 10 AVE BAY 7R | 2. STREET ADDRESS | |
| 3. CITY | POMPANO BCH FL | 3. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |
| 4. NAME | | 4. NAME | |
| 5. STREET ADDRESS | | 5. STREET ADDRESS | |
| 6. CITY | | 6. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |
| 7. NAME | | 7. NAME | |
| 8. STREET ADDRESS | | 8. STREET ADDRESS | |
| 9. CITY | | 9. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |
| 10. NAME | | 10. NAME | |
| 11. STREET ADDRESS | | 11. STREET ADDRESS | |
| 12. CITY | | 12. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |
| 13. NAME | | 13. NAME | |
| 14. STREET ADDRESS | | 14. STREET ADDRESS | |
| 15. CITY | | 15. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Add/Ret |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information indicated on this filing report is the information that I should report as 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 of this corporation or another corporation empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if a president, or in Block 14 if a director, with an address.

SIGNATURE: *Mark Martin C.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-31-95 (305) 941-7660