

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

COMM. 11 0:57

REC'D
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **F69054** (7)

1. Corporate Name
YOUR LASTING IMPRESSION, INC.

Principal Place of Business
**7430 RAMONA ST.
C/O CURTIS VIOLANTE
MIRAMAR FL 33023
US**

Mailing Address
**7430 RAMONA ST.
C/O CURTIS VIOLANTE
MIRAMAR FL 33023
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1982** 3a. Date of Last Report **08/11/1994**

4. FEI Number **59-2165127** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has made a change in its registered office in Florida Statutes. Yes No

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

9. Name and Address of Current Registered Agent
**VIOLANTE, CURTIS
7430 RAMONA ST.
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 602.05(5) and 602.15(9), Florida Statutes, the above named corporation submits the 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 602.05(9), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. TITLE	PDS
2. NAME	VIOLANTE, CURTIS
3. STREET ADDRESS	7430 RAMONA ST.
4. CITY, STATE, ZIP	MIRAMAR FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not applying for the exemption stated in Section 602.05(6), Florida Statutes. I further certify that the 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 if made in the state. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: *Curtis M. Violante*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER ON BULLETON

5-1-95 305 962 6279