

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056641 (2)

1. Corporation Name

PREMIER IMPRESSIONS, INC.



Principal Place of Business

12434 CARDIFF DR
SUITE 106
TAMPA FL 33625
US

Cardiff Drive

Mailing Address

7028 W. WATERS ASVE
SUITE 106
TAMPA FL 33634
US

7028 W. WATERS ASVE
SUITE 106
TAMPA FL 33634
US

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 12434 Cardiff Drive

2a. Mailing Address

26 7028 W. Waters Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 Tampa FL

City & State

28 TAMPA FL

Zip

24 33625

Country

25 USA

Zip

29 33634

Country

30 USA

4. FEI Number
59-3196435

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GRANT, KEVIN P
12434 CARDIFF DR
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name Martha Juncal, E.A.

82 Street Address (P.O. Box Number is Not Acceptable)
1412 E. Fletcher Avenue

83

84 City Tampa

FL

85 Zip Code 33612

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Martha Juncal

Martha Juncal

5-2-96

(Block 12 Registered Agent Signature required when registering)

(Block 13 Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME LYNN M. GRANT
STREET ADDRESS 12434 CARDIFF DR
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPS ☐ DELETE

NAME KEVIN GRANT
STREET ADDRESS 12434 CARDIFF DR
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

(913/961-4912)

CR2E034 (12/95)