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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90284 023 ***150.00

Principal Place of Business Mailing Address US TAMPA FL 33854 Ze TAMPA FL 33854 Ze TAMPA FL 33854 Ze Ze TAMPA FL 33854 Ze Ze Ze Ze Ze Ze Ze Ze Ze Z	1. Corporatio	MEN # P93000 R IMPRESSIONS, INC.	0056641			
DO NOT WRITE IN THIS SPACE	Principal Plac	e of Business	Mailing Address			
TAMPA FL 33834 US 2. Principal Place of Business 2. Sulfa, Apt. fl, etc. 2. Sulfa, Apt. fl, etc. 3. Sulfa, Apt. fl, etc. 3. Sulfa, Apt. fl, etc. 4. Fe Humber 59-3196435 Sulfa, Apt. fl, etc. 59-3196435 Sulfa, Apt. fl, etc. 6. Certificate of Status Desired St. 75, Additional Fee Required Peer Registered Agent Principal Place of Business Peer Registered Agent Principal Place Peer Registered Agent P	8809 WELLESL	Y COURT	7028 W WATERS AVE			
3. Date Incorporated or Qualified 08/09/1993 3. Date Incorporated or Qualified 3. Date In					DO NOT WRITE IN	TUIC COACE
2. Principal Place of Business	US					THIS SPACE
2. Principal Place of Business 2a, Mailing Address 5. Settler April 4, FET. Number Sold Not Applied for 22] Sulte, Apt. #, etc. 27 Sulte, Apt. #, etc. 28 Sulte, Apt. #, etc. 27 Cliy & State 28 Sulte, Apt. #, etc. 29 Country 28 Sulte, Apt. #, etc. 29 Country 29 Country 29 Country 29 Country 29 Sulte, Apt. #, etc. 29 Sulte, Apt. #, etc. 29 Sulte, Apt. #, etc. 20 Addition for east set of the sulter of Section 807 0505; Florida Statuses, the above-named corporation sulfmits this statement for the sultered office or registered agent. I am familiar with, and accept the obligationer of Section 807 0505; Florida Statuses, the above-named corporation sulfmits this statement for the sultered office or registered agent. I am familiar with, and accept the obligationer of Section 807 0505; Florida Statuses, the above-named corporation sulfmits this statement for the sultered office or registered agent. I am familiar with, and accept the obligationer of Section 807 0505; Florida Statuses, the above-named corporation sulfmits this statement for the sultered office or registered agent. I am familiar with, and accept the obligationer of Section 807 0505; Florida Statuses, the above-named corporation sulfmits this statement for the sultered agent and statement for the sultered statement for the sultered statement for the sultered agent and stateme			US			
Suite, Apt. 8, etc. Suite, Ap						
Sulle, Apt. #, etc. Sulle, Apt. #, etc.	2. Principal P	Place of Business	2a. Mailing Address			\
City & State City & Country City & Country City & City					59-3196435	
City & State 23 29 Country Zip Z	Suite, Apt.	. #, etc.	⊢ , ' '		5. Certifcate of Status Desired	,
Zip Country Zip						
Zip	_ '	te	— ·		1 1 1	
9. Name and Address of Current Registered Agent JUNCAL, MARTHA E 1412 E FLETCHER AVE TAMPA FL 33812 11. Pursuant to the provisions of Sections 807,0502 and 807,1508, Florida Statutes. the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807,0505, Florida Statutes. the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 807,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent			_ 			
Solution		[-		–		
JUNCAL, MARTHA E 1412 E FLETCHER AVE TAMPA FL 33812 82 Street Address (P.O. Box Number is Not Acappaiable)	24			30]		
JUNCAL, MARTHA E 1412 F FLETCHER AVE TAMPA FL 33612 82 Street Address (P.O. Box Number is Not Acoppatable)		9. Name and Address of Currer	nt Registered Agent	94 Nome		ned Agent
11- Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named conforcer 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P OBJECT S SOBRETACORESS CITY-ST-ZP TITLE VPS DELETE SITTIRE 1 ACITY-ST-ZP ODESSA FL STEPFACORESS SOB WELLESBY CT ODESSA FL STEPFACORESS SOB STREET ACORESS SOB WELLESBY CT ODESSA FL STEPFACORESS SOBRETA STREET ACORESS SOBRETA STREET ACORESS SOBRETA STREET ACORESS SOBRETA STREET STREET ACORESS SOBRETA STREET ACORESS SOBRETA STREET STR	II IN	ICAL MARTHA E		OI IVAILLE	Junial, Morthu	£
TAMPA FL 33612 83				82 Street A		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named combaration submits this statement for the purpose of changing its rigisfored agent, or both, in the State of Florida, Statutes, the above-named combaration submits this statement for the purpose of changing its rigisfored agent, or both, in the State of Florida, Statutes, agent, and femiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 11. MOTE Registered Agent agrature recovered when remistative). 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. OFFICERS AND DIRECTORS 11. STREET ADDRESS 12. TITLE 15. OFFICERS AND DIRECTORS 11. STREET ADDRESS 12. TITLE 16. OFFICERS AND DIRECTORS 11. STREET ADDRESS 12. TITLE 17. OFFICERS AND DIRECTORS IN 12. TITLE 12. TITLE 13. TITLE 14. OCHANGE 14. TITLE					11731 10 15 - 3	Mee F
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 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, 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, and state if application. SIGNATURE	IAM	IPA FL 330 12		83	•	
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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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Comparison of the obligation of the section of the sectio						FL 536/2
TITLE	agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.		
NAME	12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
STREET ADDRESS S809 WELLESLY CT	TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS S809 WELLESLY CT	NAME	LYNN M.GRANT		1.2 NAME		
CITY-ST-ZIP	STREET ADDRESS	1		1.3 STREET ADDRESS		
TITLE VPS				14 CITY-ST-ZIP		
NAME STREET ADDRESS S809 WELLESBY CT 23 STREET ADDRESS CITY-ST-ZIP			☐ DELETE			☐ Change ☐ Addition
STREET ADDRESS SROY WELLESBY CT 2.3 STREET ADDRESS				2.2 NAME		
CITY-ST-ZIP ODESSA FL	-			R (
TITLE		1 · · · · · · ·				
NAME		ODESSA FL	□ nei ete			☐ Change ☐ Addition
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP		-				
CITY-ST-ZIP		\		1		
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NAME	CITY-ST-ZIP					Change D Addition
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STACITY-ST-ZIP	NAME					
DELETE	STREET ADDRESS	\$ 				}
NAME 6.2 NAME 6.2 STIFT NODGES	CITY-ST-ZIP			· 		
18-YOTE THOUSE	TITLE		☐ DELETE			Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME]		6.2 NAME		
	STREET ADDRESS	;		6.3 STREET ADDRESS		

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 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 appear with an appears, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR