

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

FILED

99 JUN -9 AM 10:14

STATE OF FLORIDA

DOCUMENT # P98000083486

1. Corporation Name
IMPRESSIVE PRINTING & DESIGN, INC.

Principal Place of Business: 3119 E JEFFERSON ST #1 ORLANDO FL 32803
Mailing Address: 3119 E JEFFERSON ST #1 ORLANDO FL 32803

5/8/99 90085/027 \$150.00
DO NOT WRITE IN THIS SPACE

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| | Country | | Country |

| | | |
|---|--|---|
| 3 | Date Incorporated or Qualified | 09/25/1998 |
| 4 | FEI Number | 59-3536613 |
| | Applied For | No: Applicable |
| 5 | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6 | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8 | This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

HYNES, GERARD
3119 E JEFFERSON ST #1
ORLANDO FL 32803

10. Name and Address of New Registered Agent

| | | |
|----|--|--|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | City | |
| 84 | Zip Code | |

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: *[Signature]* (NOTE: Registered Agent signature required when re-stating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------|---------------------------------|
| TITLE | D | |
| NAME | HYNES, GERARD | |
| STREET ADDRESS | 3119 E JEFFERSON ST #1 | |
| CITY-ST-ZIP | ORLANDO FL 32803 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|----------------|---------------------------------|-----------------------------------|
| 1.1 | TITLE | | |
| 1.2 | NAME | | |
| 1.3 | STREET ADDRESS | | |
| 1.4 | CITY-ST-ZIP | | |
| 2.1 | TITLE | | |
| 2.2 | NAME | | |
| 2.3 | STREET ADDRESS | | |
| 2.4 | CITY-ST-ZIP | | |
| 3.1 | TITLE | | |
| 3.2 | NAME | | |
| 3.3 | STREET ADDRESS | | |
| 3.4 | CITY-ST-ZIP | | |
| 4.1 | TITLE | | |
| 4.2 | NAME | | |
| 4.3 | STREET ADDRESS | | |
| 4.4 | CITY-ST-ZIP | | |
| 5.1 | TITLE | | |
| 5.2 | NAME | | |
| 5.3 | STREET ADDRESS | | |
| 5.4 | CITY-ST-ZIP | | |
| 6.1 | TITLE | | |
| 6.2 | NAME | | |
| 6.3 | STREET ADDRESS | | |
| 6.4 | CITY-ST-ZIP | | |

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E034 (11/98)

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