

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90278 046 ***158.75

DOCUMENT # F05948

1. Corporation Name

IMPRESSIVE SOLUTIONS INC.

Principal Place of Business Mailing Address
201 KELSEY LANE P.O. BOX 5059
TAMPA, FL 33619 TAMPA, FL 33675-5059

950370

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 11/18/1980 | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Zip | | 59-2948721 | |
| Country | | Country | | Applied For | |
| 25 | | 29 | | Not Applicable | |
| 26 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | |
| 28 | | 29 | | \$8.75 Additional Fee Required | |
| 30 | | 31 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 32 | | 33 | | \$5.00 May Be Added to Fees | |
| 34 | | 35 | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LEGAL ASSETS, INC.
1401 BRICKELL AVENUE
MIAMI, FL 33131

| | |
|---|----------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | BUSINESS FINANCE LAWYER, P.A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 200 S. BISCAYNE BBVD. SUITE 3410 |
| 84 City | MIAMI |
| 85 Zip Code | FL 33131 |

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 607.0501, Florida Statutes.

SIGNATURE *Thomas Francis O'Connell, P.A. by [Signature]* DATE 4-24-2000

(NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PDS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANDT, RICHARD D. | 1.2 NAME | |
| STREET ADDRESS | 116 ADALIA AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVAS <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANDT, A.J.M. | 2.2 NAME | DVAS |
| STREET ADDRESS | 18115 SWEET JASMINE DR. | 2.3 STREET ADDRESS | MANDT, A.J.M. |
| CITY-ST-ZIP | TAMPA, FL | 2.4 CITY-ST-ZIP | 502 S. FREMONT AVE. #504 |
| TITLE | DIRECTOR <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKINNON, STEVEN P. | 3.2 NAME | |
| STREET ADDRESS | 4503 SWIFT DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO, FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* 4-20-2000 626 7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)