

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

DO NOT WRITE IN THIS SPACE

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**

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

2. Principal Place of Business: **21** 2b. Mailing Address: **26** 4. FEI Number: **59-2165127** Applied For: Not Applicable:

22. State, Apt. # etc: **27** 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28** 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. 25. 29. 30. 6. This corporation has made a change in its registered agent in Florida Statutes: Yes No

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. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.05(5) and 607.15(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 qualified and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
1. TITLE: PDS	VIOLANTE, CURTIS	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	7430 RAMONA ST.	2. NAME:	
3. STREET ADDRESS:	MIRAMAR FL	3. STREET ADDRESS:	
4. CITY, STATE, ZIP:		4. CITY, STATE, ZIP:	
5. TITLE:		5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:		6. NAME:	
7. STREET ADDRESS:		7. STREET ADDRESS:	
8. CITY, STATE, ZIP:		8. CITY, STATE, ZIP:	
9. TITLE:		9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:		10. NAME:	
11. STREET ADDRESS:		11. STREET ADDRESS:	
12. CITY, STATE, ZIP:		12. CITY, STATE, ZIP:	
13. TITLE:		13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		14. NAME:	
15. STREET ADDRESS:		15. STREET ADDRESS:	
16. CITY, STATE, ZIP:		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 607.05(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 of the foregoing 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 an officer named with an address.

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

5-1-95 305 962 6279