

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F69054** (7)  
 1. Corporation Name  
**YOUR LASTING IMPRESSION, INC.**



Principal Place of Business Mailing Address

**17306 NW 8TH ST  
 C/O CURTIS VIOLANTE  
 PEMBROKE PINES FL 33029  
 US**

**17306 NW 8TH ST  
 C/O CURTIS VIOLANTE  
 PEMBROKE PINES FL 33029-3188  
 US**

3. Date Incorporated or Qualified **03/01/1982** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 2a. Mailing Address

21 **1375 BARCELONA WAY** 26 **1375 BARCELONA WAY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Weston FLA.** 27 **Weston FLA**  
 City & State City & State

23 **33327** 25 **USA** 29 **33327** 30 **USA**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent

4. FEI Number **59-2165127** 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

10. Name and Address of New Registered Agent

**VIOLANTE, CURTIS  
 17306 NW 8TH ST  
 PEMBROKE PINES FL 33029**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 and I agree to file with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Curtis M Violante* **3-1-97**  
 (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE: **PDS**  DELETE  
 NAME: **VIOLANTE, CURTIS**  
 STREET ADDRESS: **17306 NW 8TH ST**  
 CITY-ST-ZIP: **PEMBROKE PINES FL**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. I further 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 published 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Curtis M Violante* **3-1-97** **954-962-6279**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)