FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # **J99915** (7)

1. Corporation Name
FIRST IMPRESSIONS OF ORLANDO INC.

Principal Place of Business	Mailing Address
% ROSEMARY VASTOLA 10705 E. COLONIAL DR. ORLANDO FL 32817	% ROSEMARY VASTOLA 10705 E. COLONIAL DR. ORLANDO FL 32817-4471

3. Date Incorporated or Qualified: **11/02/1987**
3a. Date of Last Report: **04/04/1996**
4. FEI Number: **59-2861066** — 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

2. Principal Place of Business
21 4401- WATERMILL AVE
Suite, Apt. #, etc
22
City & State
23 ORLANDO FL.
Zip
24 32817
Country
25 U.S.A.

2a. Mailing Address
26 4401- WATERMILL AVE
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL.
Zip
29 32817
Country
30 U.S.A.

9. **Name and Address of Current Registered Agent**
VASTOLA, ROSEMARY
10705 E. COLONIAL DR.
ORLANDO FL 32817

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4401 - WATERMILL AVE.
83
84 City ORLANDO FL
85 Zip Code 32817

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	VASTOLA, ROSEMARY	
STREET ADDRESS	4401 WATERMILL AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	☒ DELETE
NAME	VOSTOLA, LOUIS	
STREET ADDRESS	4401 WATERMILL AVE	
CITY-ST-ZIP	ORLANDO 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Rosemary Vastola Pres. 3-12-97 (407)671-7317