FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10: 06

DOCUMENT # L30941 (3)

1. Corporation Name

DESIGN IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
C/O PAMELA JOYNER ~~120 WEST GLADES ROAD~~ ~~BOCA RATON FL 33432~~	C/O PAMELA JOYNER P.O. BOX 66 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6421 CONGRESS AVE	26 6421 CONGRESS AVE
Suite, Apt. #, etc. 22 AMTEC CENTER-SUITE#100	Suite, Apt. #, etc. 27 AMTEC CENTER SUITE 100
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33487 Country 25 PALM BEACH	Zip 29 33487 Country 30 PALM BEACH

3. Date Incorporated or Qualified: 11/20/1989

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0171585 ☐ 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

9. Name and Address of Current Registered Agent

JOYNER, PAMELA
~~120 WEST GLADES RD~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 AS ABOVE
84 City FL 85 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 ______ NOTE: Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME JOYNER, PAMELA STREET ADDRESS ~~120 WESTGLADES RD~~ CITY-ST-ZIP ~~BOCA RATON FL~~	1 TITLE ☒ Change ☐ Addition 1 NAME ADDRESS ONLY 1 STREET ADDRESS AS ABOVE 1 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 TITLE ☐ Change ☐ Addition 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 TITLE ☐ Change ☐ Addition 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 TITLE ☐ Change ☐ Addition 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 TITLE ☐ Change ☐ Addition 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 TITLE ☐ Change ☐ Addition 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] PAMELA JOYNER 3/8/95 (407) 392-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

000N44 CP