

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41393 (4)

1. Corporation Name

VIVID IMPRESSIONS, INC.

Principal Place of Business

% JENNIFER ~~TUCKER~~ Hammer
8540 SW 108 ST
MIAMI FL 33156

Mailing Address

% JENNIFER TUCKER Hammer
8540 SW 108 ST
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1990

3a. Date of Last Report

02/22/1994

4. FEI Number

65-0168750

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

~~TUCKER~~ JENNIFER Hammer
8540 SW 108 ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.0502 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

(Signature of Agent or person authorized to register agent and the corporation)

(Print Name of Registered Agent or person authorized to register agent)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. JENNIFER TUCKER Hammer
3. STREET ADDRESS
4. 8540 SW 108 ST
5. CITY, ST, ZIP
6. MIAMI FL

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2. 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3. 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4. 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5. 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6. 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(1)(b), Florida Statutes. I hereby certify that the information is used on this annual report or supplemental annual report in full and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this change form or on an attachment with an address.

SIGNATURE: X Jennifer Hammer Jennifer Hammer, Pres.

2-21-95

305-554-4545