

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

DOCUMENT # **L94455**

1. Corporation Name

Impressive Properties Realty, Inc.

Principal Place of Business

Mailing Address

1314 Cape Coral Pkwy.
Cape Coral, FL 33904

P.O. Box 68
Cape Coral, FL 33910

FILED

97 MAY -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 1314 Cape Coral Pkwy	25 P.O. Box 68	65-0215352	1996
22 Suite, Apt. #, etc. S. 204	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
23 City & State Cape Coral, FL	28 City & State Cape Coral, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33904	29 Zip 33910	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
25 Country USA	30 Country USA		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Walter J. Raulof
5265 Nautilus Drive
Cape Coral, FL 33904

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter J. Raulof	1.2 NAME	
STREET ADDRESS	5265 Nautilus Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Pickler	2.2 NAME	
STREET ADDRESS	5265 Nautilus Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Walter J. Raulof
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

Date

941-540-0279

Daytime Phone #

CR2E034 (9/96)