

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M70780 (5)**  
1. Corporation Name  
**FIRST IMPRESSIONS CUSTOM FURNITURE COMPANY, INC.**



Principal Place of Business: **3701 NW 126TH AVE. CORAL SPRINGS FL 33065**  
Mailing Address: **3701 NW 126TH AVE. CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **02/29/1988** 3a. Date of Last Report: **11/16/1995**  
4. FEI Number: **65-0034903** 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 2a. Mailing Address  
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**PACILLO, ROBERT J  
3701 NW 126TH AVE.  
CORAL SPRINGS FL 33065**

**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: \_\_\_\_\_ (Print name of registered agent and title if applicable) (If 011 Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE: **ST**  DELETE  
NAME: **PACILLO, LISA R.**  
STREET ADDRESS: **18456 ALY DAR WAY**  
CITY-STATE-ZIP: **BOCA RATON FL**

TITLE: **PD**  DELETE  
NAME: **PACILLO, ROBERT J**  
STREET ADDRESS: **18456 ALY DAN WAY**  
CITY-STATE-ZIP: **BOCA RATON FL**

TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

TITLE:  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE:  Change  Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: **8413 NW 44TH CT**  
1.4 CITY-STATE-ZIP: **CORAL SPRINGS, FL 33065**

2.1 TITLE:  Change  Addition  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: **8413 NW 44TH CT**  
2.4 CITY-STATE-ZIP: **CORAL SPRINGS, FL 33065**

3.1 TITLE:  Change  Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-STATE-ZIP: \_\_\_\_\_

4.1 TITLE:  Change  Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-STATE-ZIP: \_\_\_\_\_

5.1 TITLE:  Change  Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-STATE-ZIP: \_\_\_\_\_

6.1 TITLE:  Change  Addition  
6.2 NAME: \_\_\_\_\_  
6.3 STREET ADDRESS: \_\_\_\_\_  
6.4 CITY-STATE-ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/96** **954 755-6927**  
Date Daytime Phone #

CR2E034 (12/95)