

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

FILED

98 DEC 21 AM 9:58

SECRETARY OF STATE



DOCUMENT # N97000001649 (9)

1. Corporation Name

YOUNG IMPRESSIONS, INC.

Principal Place of Business

Mailing Address

615 N.E. 162ND STREET
NORTH MIAMI BEACH FL 33162

615 N.E. 162ND STREET
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

582-25-9010

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MOISE, MARIE C
615 N.E. 162ND STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Nadese Knowles

82 Street Address (P.O. Box Number is Not Acceptable)

83

2308 Raleigh Street

84 City

Hollywood

FL

85 Zip Code

33020

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Nadese Knowles**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President P/D	Andrea Johnson	615 NE 162nd St.	N. Miami, FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice-President	Melba Rose	615 NE 162nd St	N. Miami, FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary S/T/D	Nadese Knowles	2308 Raleigh Street	Hollywood, FL 33020	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Marie C. Moise** **10/27/98** **984 568-7357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005664

CR2E037 (5/98)