

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011097 (2)

1. Corporation Name

THIRST IMPRESSIONS, INC.

Principal Place of Business

1227 SW 127TH DR
SUNRISE FL 33323
US

Mailing Address

1227 N.W. 127TH DR.
SUNRISE FL 33323
US

2. Principal Place of Business

21 9471 SANTA ROSA DR.

Suite, Apt. #, etc.

22

City & State

23 TAMARAC FL

Zip

24 33321

Country

25 USA

2a. Mailing Address

26 9471 SANTA ROSA DR.

Suite, Apt. #, etc.

27 TAMARAC

City & State

28 FLORIDA

Zip

29 33321

Country

30 USA

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

04/05/1996

4. FEI Number

65-0378489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$6.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION
1400-A AMERIFIRST BLDG
1 SE 3 AVE
MIAMI FL 33131

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

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

VICE-PRESIDENT, COPROLITE CORPORATION

10/13/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MORRISON, RUSSELL
STREET ADDRESS 1227 NW 127 DR
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9471 SANTA ROSA DR.
TAMARAC, FL 33321

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT

600002326896--B

-10/22/97--01063--014

****750.00 ****750.00

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: RUSSELL J. MORRISON

9/24/97 954-718-0830

CR2E034 (4/97)