

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050142

1. Corporation Name
SOUND IMPRESSIONS, INC.

Principal Place of Business
7611 S. ORANGE BLOSSOM TRAIL
SUITE 299
ORLANDO FL 32809

Mailing Address
7611 S. ORANGE BLOSSOM TRAIL
SUITE 299
ORLANDO FL 32809

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90070 015 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number
59-3194714

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No *Just paid 1/12/99*

9. Name and Address of Current Registered Agent

NEET, LYDIA K
7611 S. ORANGE BLOSSOM TR.
SUITE 299
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name GAIL E. HEATON
82 Street Address (P.O. Box Number is Not Acceptable)
437 Valley View Drive
83
84 City WINTER GARDEN FL 85 Zip Code 34787

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

Gail E. Heaton

GAIL E. HEATON

1-20-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME NEET, LYDIA K
STREET ADDRESS 5413 HALIFAX DRIVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ DELETE
NAME HEATON, GAIL E
STREET ADDRESS 8480 ISLAND PALM CIRCLE
CITY-ST-ZIP ORLANDO FL 32835

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 Deleted - Sold to ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Gail Heaton ☒ Change ☐ Addition
2.2 NAME 437 Valley View Dr
2.3 STREET ADDRESS President (P) Winter Garden, FL
2.4 CITY-ST-ZIP 34787

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Gail E. Heaton

1-20-99 (407) 981-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)