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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000018668 *OK*

1. Corporation Name

Lasting Impressions Facial, Skin Care & Hair,
Inc.

Principal Place of Business

1701 California Ave
St. Cloud, FL 34769

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 903 N Main Streer

Suite, Apt. #, etc.

22 City & State
Kissimmee, Florida

24 Zip Country
34744 USA

2a. Mailing Address

26 903 N Main Street

Suite, Apt. #, etc.

27 City & State
Kissimmee, Florida

29 Zip Country
34744 USA

4. FEI Number

59-3229604

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

9. Name and Address of Current Registered Agent

Patsy Boyd
1701 California Ave.
St. Cloud, Florida 34769

10. Name and Address of New Registered Agent

81 Name Terry Miller
82 Street Address (P.O. Box Number is Not Acceptable)
59 Brown Chappell Road
83
84 City St. Cloud **FL** **85** Zip Code 34769

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

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

Terry Miller

(NOTE: Registered Agent signature required when reinstating)

2/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE Director **XX**DELETE
NAME Boyd, Patsy
STREET ADDRESS 1701 California Ave.
CITY-ST-ZIP St. Cloud, Florida 34769

TITLE Director ☐ DELETE
NAME Terry Miller
STREET ADDRESS 59 Brown Chappell Road
CITY-ST-ZIP St. Cloud, Florida 34769

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

Terry Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Miller Director

2/12/99 (407) 943-8888
Date Daytime Phone #

CR2E034 (11/98)