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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90122 001 ***150.00

DOCUMENT #	P94000054717
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Corporation Name

RK'S LASTING IMPRESSIONS, INC.										
Principal Plac	ce of Business	Mailing Address				1 (50)(50) (10)(1	II DIBKI BBKII BBIIK	Ediki Obsel E		
1523 YVONNE ST. 1523 YVONNE ST. APOPKA FL 32712 APOPKA FL 32712					D	O NOT WRITE	F IN THIS	SPACE		
						3. Date Incorporated			0.700	
						07/25/1994	or applica			
2. Principal P	Place of Business	2a. Mailing Addre	SS			4. FEI Number			1 1 4	pplied For
21		26				59-3260743	`,			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			33-3200743		<u> </u>		Additional
22		27				5. Certifcate of Statu	s Desired .		-	equired
City & Stat	te	City & State				6. Election Campaign	Financina			May Be .
23		28				Trust Fund Contrib	-			to Fees
Zip	Country	Zip	C	Country		8. This corporation of		nt vear Inta		
24	25	29	30			Personal Property		,	Yes	□No
	Name and Address of Curr	rent Registered Agent				10. Name and Addres	s of New Re	gistered A	gent	
1100	2000 000000			81	Name					
	GES, GEORGE E			82	Street Add	ress (P.O. Box Number is	Not Acceptable	(a)		
	SOUTH CR 427				Circura	icos (i .o. box itallibel is	Not Acceptabl	· · · ·		
	E 116			83		**-				
LUN	GWOOD FL 32750			84	Oth.				T1	
				64	City	,	,	FL	85 Zip	Code
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	0502 and 607.1508, Florida	a Statutes, the	e above	-named corp	poration submits this stater	nent for the pu		hanging its	registered
agent Lo	m familiar with, and accept the obli					on a bodia of officetors. I if	ereny accept i	me appoint	unem as re	uistereti
agent. rai	in lamiliar with, and accept the obii	igations of, Section 607.05	505, Florida St	tatutes.	•	2 ° . *** # 2 3	13131 1			·
SIGNATURE							er i tarit j			•,, ,
SIGNATURE`	Signature, typed or printed name of registered a	egent and title if applicable.	(NOTE: Registe	ered Agent		ed when reinstating)		DATE		
SIGNATURE`	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registe	ered Agent				DATE	DIRECTO	DRS IN 12
SIGNATURE` 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	egent and title if applicable.	(NOTE: Registe	ered Agent I3. 1 TITLE		ed when reinstating)		DATE		
SIGNATURE` 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS / D KRAUSE, RONALD J	agent and title if applicable.	(NOTE: Registe 1ETE 1.1	ered Agent 13. 1 TITLE 2 NAME	signature require	ed when reinstating)		DATE	DIRECTO	DRS IN 12
SIGNATURE` 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / D KRAUSE, RONALD J C/O 1523 YVONNE ST.	agent and title if applicable.	(NOTE: Registe 1. ETE 1.1 1.2 1.3	ered Agent 13. 1 TITLE 2 NAME 3 STREET	ADDRESS	ed when reinstating)		DATE	DIRECTO	DRS IN 12
SIGNATURE` 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / D KRAUSE, RONALD J	agent and title if applicable. AND DIRECTORS DEL	(NOTE: Registe 1: .ETE 1.1 1.2 1.3	ered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST-	ADDRESS	ed when reinstating)		DATE CERS AND	DIRECTO	DRS IN 12
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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:

GNATURE AND THEO PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

(407) 886-4961