

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 14, 1998 8:00 am
Secretary of State

DOCUMENT # P95000001991 (5)

1. Corporation Name

CAR IMPRESSIONS, INC.



Principal Place of Business

1720-A N. GOLDENROD RD
ORLANDO FL 32807

Mailing Address

1720-A N. GOLDENROD RD
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

59-3286370

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1720 N. GOLDENROD RD

2a. Mailing Address

26 1720 N. GOLDENROD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32807

Country

25 ORANGE

Zip

29 32807

Country

30 ORANGE

9. Name and Address of Current Registered Agent

VILLASVERDE, ROBERTO
2320 DIXIE BELLE DR
ORLANDO FL 32812

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 DVP ☐ DELETE

NAME VILLASVERDE, ROBERTO

STREET ADDRESS 1816 CURRY AVE.

CITY-ST-ZIP ORLANDO FL 32812

TITLE DTS ☐ DELETE

NAME VILLASVERDE, RITA M

STREET ADDRESS 1816 CURRY AVE.

CITY-ST-ZIP ORLANDO FL 32812

TITLE DP ☒ DELETE

NAME SANCHEZ, ELVYN

STREET ADDRESS 1817 COLTON DRIVE

CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME VILLASVERDE, ROBERTO

1.3 STREET ADDRESS 2320 DIXIE BELLE DR.

1.4 CITY-ST-ZIP ORLANDO, FL 32812

2.1 TITLE DTS ☒ Change ☐ Addition

2.2 NAME VILLASVERDE, RITA M.

2.3 STREET ADDRESS 2320 DIXIE BELLE DR.

2.4 CITY-ST-ZIP ORLANDO, FL 32812

3.1 TITLE DVP ☒ Change ☐ Addition

3.2 NAME RIVERA, JUAN

3.3 STREET ADDRESS 2320 DIXIE BELLE DR.

3.4 CITY-ST-ZIP ORLANDO, FL 32812

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

RITA M. VILLASVERDE

4/2/98

407-277-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0092527

CR2E034 (10/97)