

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90082 049 ***150.00

DOCUMENT # P95000024706

1. Corporation Name
LIVING IMPRESSIONS, INC.

Principal Place of Business
1900 NW 33RD CT
3
POMPANO BEACH FL 33064
US

Mailing Address
1900 NW 33RD CT
3
POMPANO BEACH FL 33064
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1995

4. FEI Number

65-0568435

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENGY, MICHAEL P
1328 NE 15TH AVE
FT LAUDERDALE FL 33304
312 NE 17th Ave
FT. LAUDERDALE, FL 33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HENGY, MICHAEL
STREET ADDRESS 1328 NE 15TH AVE
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE DP
1.2 NAME MICHAEL HENGY
1.3 STREET ADDRESS 312 NE 17 AVENUE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301
Change Addition

TITLE DVST
NAME SABADA, JAY
STREET ADDRESS 6521 SCOTT ST
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE DVST
2.2 NAME JAY SABADA
2.3 STREET ADDRESS 16263 64th PLACE NORTH
2.4 CITY-ST-ZIP LAKELAND, FL 33074
Change Addition

TITLE ~~THESOUR~~
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE TREASURER
3.2 NAME DIANA LEVENSAN
3.3 STREET ADDRESS 4232 PALM FOREST DRIVE N.
3.4 CITY-ST-ZIP DEER BEACH FL 33445
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HENGY

1-12-99

Date

954-984-4775

Daytime Phone #

CR2E034 (11/98)

0161158