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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027456 (9)

1. Corporation Name  
IMAGE IMPRESSIONS INC.



Principal Place of Business

2060 S.W. 71ST TERRACE  
BLDG E-4  
DAVIE FL 33317

Mailing Address

2060 S.W. 71ST TERRACE  
BLDG E-4  
DAVIE FL 33317-7311

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2081 SW 70th Ave, Suite  
Suite, Apt #, etc.

22 Davie, FL  
City & State

23 33317, FL  
Zip

24 Country  
25 USA

2a. Mailing Address

26 Suite, Apt #, etc.  
Same

27 City & State

28 Zip

29 Country  
30

4. FEI Number

65-0570103

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LY, THOMPSON  
2060 SW 71ST TERRACE  
SUITE E-4  
DAVIE FL 33317

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME DO, KEVIN  
STREET ADDRESS % 2060 S.W. 71ST TERR BLDG E-4  
CITY-ST-ZIP DAVIE FL

TITLE P ☐ DELETE  
NAME LY, THOMPSON  
STREET ADDRESS % 2060 S.W. 71ST TERR BLDG E-4  
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE  
NAME LU, MICHAEL  
STREET ADDRESS % 2060 SW 71ST TERRACE, BLDG E-4  
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE  
NAME DO, DAMON  
STREET ADDRESS % 2060 SW 71ST TERRACE, BLDG E-4  
CITY-ST-ZIP DAVIE FL

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)