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**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. Suite, Apt #, etc: **2081 SW 70th Ave, Suite 1174**

22. City & State: **DAVIE, FL**

23. Zip: **33317, FL**

24. Country: **USA**

2a. Mailing Address

26. Suite, Apt #, etc: **Same**

27. City & State: **Same**

28. Zip: **33317, FL**

29. Country: **USA**

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: _____ (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DO, KEVIN	
STREET ADDRESS	% 2060 S.W. 71ST TERR BLDG E-4	
CITY - ST - ZIP	DAVIE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LY, THOMPSON	
STREET ADDRESS	% 2060 S.W. 71ST TERR BLDG E-4	
CITY - ST - ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LU, MICHAEL	
STREET ADDRESS	% 2060 SW 71ST TERRACE, BLDG E-4	
CITY - ST - ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DO, DAMON	
STREET ADDRESS	% 2060 SW 71ST TERRACE, BLDG E-4	
CITY - ST - ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **4/20** Daytime Phone #: **954-370-3667**

CR2E034 (9/96)