

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

2081 SW 70TH AVE
STE #H-14
DAVIE FL 33317
US

2081 SW 70TH AVE
STE #H-14
DAVIE FL 33317
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

04/04/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LY, THOMPSON
2080 SW 71ST TERRACE
SUITE E-4
DAVIE FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

Image Impression / Thompson Ly
2081 SW 70th Ave, Suite H-14
Davie
FL 33317

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, 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	V	1.1 TITLE	D
NAME	DO, KEVIN	1.2 NAME	DO, KEVIN
STREET ADDRESS	% 2080 S.W. 71ST TERR BLDG E-4	1.3 STREET ADDRESS	2081 SW 70 AVE H-14
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE	P	2.1 TITLE	D
NAME	LY, THOMPSON	2.2 NAME	LY, THOMPSON
STREET ADDRESS	% 2080 S.W. 71ST TERR BLDG E-4	2.3 STREET ADDRESS	2081 SW 70 AVE H-14
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE	D	3.1 TITLE	D
NAME	LU, MICHAEL	3.2 NAME	LU, MICHAEL
STREET ADDRESS	% 2080 SW 71ST TERRACE, BLDG E-4	3.3 STREET ADDRESS	2081 SW 70 AVE H-14
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE	D	4.1 TITLE	D
NAME	DO, DAMON	4.2 NAME	DO, DAMON
STREET ADDRESS	% 2080 SW 71ST TERRACE, BLDG E-4	4.3 STREET ADDRESS	2081 SW 70 AVE H-14
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE		5.1 TITLE	P
NAME		5.2 NAME	LU, MAY
STREET ADDRESS		5.3 STREET ADDRESS	2081 SW 70 AVE H-14
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAVIE FL 33317
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Thompson Ly

1/10/98

954-333-3667

CR2E034 (10/97)