FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

APPROVED AND FILED
1996 SEP -3 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032172 (5)

1. Corporation Name
ADVANTAGE IMPRESSIONS, INC.

Principal Place of Business
6245 NORTH FEDERAL HWY
SUITE 506
FT LAUDERDALE FL 33308

Mailing Address
6245 NORTH FEDERAL HWY
SUITE 506
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 04/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1304 SW 160th Ave
22 Suite, Apt. #, etc. Suite 324
23 City & State Sunrise Florida
24 Zip 33326
25 Country USA

2a. Mailing Address
26 1304 SW 160th Ave
27 Suite, Apt. #, etc. Suite 324
28 City & State Sunrise Florida
29 Zip 33326
30 Country USA

4. FEI Number 65-0592713 ☐ 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

WARNER, J. STEVEN
6245 NORTH FEDERAL HWY
SUITE 506
FT LAUDERDALE FL 33308

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P/S/T	☐ DELETE
NAME	Michele Raps	
STREET ADDRESS	1304 SW 160th Ave Ste 324	
CITY-ST-ZIP	Sunrise Florida 33326	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S/T	☐ Change ☒ Addition
1.2 NAME	Michele Raps	
1.3 STREET ADDRESS	1304 SW 160th Ave. Ste. 324	
1.4 CITY-ST-ZIP	Sunrise Florida 33326	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michele C. Raps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-3-96
Daytime Phone #: 954-384-6411