

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043452 (8)

1. Corporation Name
IMPRESSIONS INC.



Principal Place of Business
7380 ALBANY RD
FT MYERS FL 33917

Mailing Address
7380 ALBANY RD
FT MYERS FL 33917

3. Date Incorporated or Qualified 05/26/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5645 YOUNGQUIST RD

26 5645 YOUNGQUIST RD 65-0587073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 7

27 UNIT 7

23 FT. MYERS FL

28 FT. MYERS FL

24 33912 25 LEE

29 33912 30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARETTE, RONALD
7380 ALBANY RD
FT MYERS FL 33917

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 or director, if applicable)

(Signature of Registered Agent required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CHARETTE, RONALD
STREET ADDRESS 7380 ALBANY RD
CITY-ST-ZIP FT MYERS FL 33917 ☐ DELETE

TITLE D
NAME MORRIS, JAMES
STREET ADDRESS 424 CACTUS CIR
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ DELETE

TITLE ~~XXXXXXXXXX~~
NAME ~~XXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXX~~ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME GISELA JOYKE
1.3 STREET ADDRESS 1907 SE 35 ST.
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME MORRIS JAMES
2.3 STREET ADDRESS 424 CACTUS CIR
2.4 CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ronald Charette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

941-466-9266

CR2E034 (12/95)