

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043452 (8)

1. Corporation Name  
**IMPRESSIONS INC.**



Principal Place of Business <b>5645 YOUNGQUIST RD UNIT 7 FT MYERS FL 33912 US</b>	Mailing Address <b>5645 YOUNGQUIST RD UNIT 7 FT MYERS FL 33912-2256 US</b>
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2. Principal Place of Business 21 <b>18510 ROSEWOOD RD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>FT. MYERS FL</b> Zip 24 <b>33912</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>18510 ROSEWOOD RD</b> Suite, Apt. #, etc. 27 City & State 28 <b>FT. MYERS FL</b> Zip 29 <b>33912</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>05/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0587073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHARETTE, RONALD 7300 ALBANY RD FT MYERS FL 33917</b>		10. Name and Address of New Registered Agent 81 Name <b>CHARETTE RONALD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>18510 ROSEWOOD RD</b> 83 <b>E</b> 84 City <b>FT. MYERS</b> FL 85 Zip Code <b>33917</b>	
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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 *Ronald Charette* **PRESIDENT** DATE **4-28-97**  
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHARETTE, RONALD 7300 ALBANY RD FT MYERS FL 33917</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18510 ROSEWOOD RD FT. MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHISELA SOYKE 1007 SE 35 ST CAPE CORAL FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NORRIS, JAMES 424 CACTUS CIR LEHIGH ACRES FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300002176873 -05/13/97--01073--018 ***165.00</b>

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: *Ronald Charette* **RONALD CHARETTE** DATE **4-28-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)