

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000071953 (9)

1. Corporation Name
IMMACULATE IMPRESSIONS, INC.



Principal Place of Business
2159 CONSTITUTION BLVD
SARASOTA FL 34231

Mailing Address
2159 CONSTITUTION BLVD
SARASOTA FL 34231-4153

2. Principal Place of Business
21 3727 Aloha Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 3727 Aloha Drive
Suite, Apt. #, etc.

22 City & State
23 Sarasota FL
24 34232 25 Country

27 City & State
28 Sarasota FL
29 34232 30 Country

3. Date Incorporated or Qualified
09/01/1996

3a. Date of Last Report
N/A

4. FEI Number
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

SAMSAL, AMY L
2159 CONSTITUTION BLVD
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
AMY SAMSAL
3727 ALOHA DRIVE
SARASOTA FL 34232

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D. SAMSAL, AMY L	2159 CONSTITUTION BLVD- 3727 Aloha Dr.	SARASOTA FL 34231- 34232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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.

CR2E034 (9/96)