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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101631

1. Corporation Name

FIRST IMPRESSION ADVERTISING AND MARKETING, INC.

Principal Place of Business Mailing Address										
8223 S.W. 81ST PLACE 9497 SO DIXIE HWY										
MIAMI FL 33143			149 Miami FL 33156				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 12/01/1997			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Apr	olied For
21		26	-				65-0820081		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					_				\$8.75 A	dditional
27							5. Certifcate of Status Desired		Fee Red	quired
City & State City & State						6. Election Campaign Financing	П	\$5.00		
23 28							Trust Fund Contribution Added to Fees			
Zip	Country	\vdash	Zip	Cor	intry		8. This corporation owes the curre	nt year in		
24 25 29			30	,		Personal Property Tax.				
	9. Name and Address of Curre	nt Regis	stered Agent		-	1	10. Name and Address of New Ro	gistered	Agent	
REDA	G, DAVID T				81	Name	1			1
555 NE 15TH STREET					82	Street Add	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33132							<u> </u>			
IAIIVAII	MITE 33132				83					Į
					84	City			85 Zip C	ode .
						,		<u>: FL</u>	-	
agent, I ar	m familiar with, and accept the oblig	ations of	, Section 607.0505, F	Ionda Stat	utes	•	poration submits this statement for the pion's board of directors. I hereby accept	DATE ;		Jistered
				13,	Agen	n signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS A	NU DIRE	DELETE	13. 1.1 Ti	TI E		ADDITIONS/GITANGES TO GIT	IOLINO AI	☐ Change	Addition
TITLE	BERC, ANNETTE J								و-	
NAME	8223 S.W. 81ST PLACE			1.2 N						
STREET ADDRESS	MIAMI FL 33143					ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		☐ DELETE		TY-5	T-ZIP			Change	Addition
TITLE			□ OELETE	2.1 TI			•		ondinge	
NAME				2.2 N				•		1
STREET ADDRESS						FADDRESS				l
CITY-ST-ZIP					_	ST-ZIP			Change	Addition
TITLE			☐ DELETE	3.1 TI				•	L] Change	☐ Addition
NAME				3.2 N						
STREET ADDRESS						TADDRESS	•			
CITY-ST-ZIP						iT-ZIP			Change	- Addition
TITLE			☐ DELETE	4.1 TI	TLE				change	☐ Addition
NAME				4. 2 N	AME					1
STREET ADDRESS	1			4.3 \$	TREET	TADORESS				j
CITY-ST-ZIP					TY-S	T-ZIP				
TITLE	•		☐ DELETE	5.1 TI		Ĭ			Change	☐ Addition
NAME				5.2 N					•	
STREET ADDRESS				5.3 S	TREET	TADDRESS	• .			
CITY-ST-ZIP					ΠY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TI	TLE				Change	☐ Addition
NAME				6.2 N	AME					

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP