


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90024 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000079806					
1. Corporation Name HIGH IMPACT FILM OF CHARLOTTE, LEE & COLLIER COUNTIES, INC.					
Principal Place of Business 111 WEST OLYMPIA AVENUE PUNTA GORDA, FL 33950			Mailing Address 111 WEST OLYMPIA AVENUE PUNTA GORDA, FL 33950		
2. Principal Place of Business					
21 Suite, Apt. #, etc.			22 Suite, Apt. #, etc.		
23 City & State			24 City & State		
25 Zip Country			26 Zip Country		
3. Date Incorporated or Qualified 09/16/1998					
4. FEI Number 65-0863081					
5. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
6. Election Campaign Financing <input type="checkbox"/> \$8.75 Additional Fee Required					
7. Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
81 Name			PAUL G MARSHALL		
82 Street Address (P.O. Box Number is Not Acceptable)			111 N. OLYMPIA AVE		
83			11		
84 City			PUNTA GORDA FL 33950		
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 <i>Paul G Marshall</i> PAUL G MARSHALL 4/29/99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME ARSHALL, PAUL G					
1.3 STREET ADDRESS 111 WEST OLYMPIA AVENUE					
1.4 CITY-ST-ZIP PUNTA GORDA, FL 33950					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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.

SIGNATURE: *Paul G Marshall* **PAUL G MARSHALL** **4/29/99** **941-639-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)