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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #**1. Corporation Name

POSITIVE IMPRESSIONS, INC.

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Mailing Address

411 NE 48TH ST

oath, that I am an officer or dire appears in Block 12 or Block 1;

SIGNATURE:

411 NE 48TH ST



2. Francipal Place of Business   2a. Maining Address   4. FEI Number   10/12/1990   3a. Date of Last Pepcht   20/2/17/1995   20/2/17/1995   4. FEI Number   55-0228915   4. Applied for Study April 4, etc.   5. Certificate of Status Desired   56-0228915   5. Certificate of Status Desired   56-0228915   5. Certificate of Status Desired   56-028915   56-02	POMPANO	BEACH FL 33064	POMPANO BEACH F	L 33064						
21										
Suito, Apt. #, etc.    Suito, Apt. #, etc.   Suito, Apt. #, etc.   Silve   Sil	2. Principal Pla	ace of Business	2a. Mailing Address					<del></del>		Applied For
Section Campaign Financing   Section Campaign Financing Financing   Section Campaign Financing   Section Campaign Financing Financing   Section Campaign Financing Financing Financing Financing Financing Financing Financing Financing Financing Fin				<u> </u>			65-0223915			
28   Trust Fund Contribution   Added to Fees		#, etc.	h1				5. Certificate of Status Desired			
Zip		9	— ·						•	•
KNOLL, RICHARD J. 411 NE 48TH ST POMPANO BEACH FL 33064  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions 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, by 3 or princetranic of registered agent and this diamonals in NOTE Registered Agent agrant required when renationing DELETE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NAME  KNOLL, RICHARD J.  411 NE 48TH ST  13 STREET ADDRESS  CIN-S1-7/P  POMPANO BEACH FL  14 CITY-S1-2/P  11016  DELETE  21 TITLE  Change Addition  NAME  22 NAME  23 SIRRET ADDRESS  CIN-S1-7/P  11016  Change Addition  Addition  NAME  32 NAME  Change Addition  Addition  Addition  NAME  Addition  Addition  Addition  NAME  Addition	Zip	Country	Zφ	Cou	untry				nder s	199.032,
KNOLL, RICHARD J. 411 NE 48TH ST POMPANO BEACH FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE Systems, byte of priced rank of registered agent and the datasetale)  NOTE Registered Agent agent and administrational agent and the datasetale)  NOTE Registered Agent agent and administrational agent and administrational agent and administrational agent and administrational agent and accept the appointment as registered agent. I am femiliar with, and accept the appointment as registered agent. I am femiliar with, and accept the appointment as registered agent. I am femiliar with, and accept the appointment as registered agent. I am femiliar with a femiliar agent and also datasetale)  NOTE Registered Agent agent and administration agent and also datasetale)  NOTE Registered Agent agent and administration agent and also datasetale)  NOTE Registered Agent agent agent and administration agent and administration agent and accept the appointment as registered agent. I am femiliar agent and accept the appointment as registered agent. I am femiliar agent agent and accept the above-named corporation submits this statement for the purpose of charging its registered office or registered agent. I am femiliar agent and accept the obligations of Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar agent ag	24			30						
KNOLL, RICHARD J. 411 NE 48TH ST POMPANO BEACH FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83   84		9. Name and Address of Curren	t Registered Agent			T	10. Name and Address of New Ro	glatered Age	ent	
### A City					81	Name				
POMPANO BEACH FL 33064  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Soctions 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, byed or priced rank of registered agent and tifle if annually (NOTE: Registered Agent signature required when renation):  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THLE D KNOLL, RICHARD J. 12. NAME  KNOLL, RICHARD J. 13. STREET ADDRESS  CITY-ST-ZIP  THE DELETE 1.1 TITLE Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  NAME 3. STREET ADDRESS  CITY-ST-ZIP  THE DELETE 3.1 TITLE Change Addition  Change Addition  Change Addition  Change Addition  AME STREET ADDRESS  CITY-ST-ZIP  THE DELETE 3.1 TITLE Change Addition  Change Addition					82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
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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 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    Square, byted or princet rank of registered agent and site if acceptable.   NOTE: Registered Agent agent required when renatating.   OATE	POMPA	ANO BEACH FL 33064			83					
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 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, hydrod or priced rank of registered agent and this if arouse bloom in the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent and service agent a					84	City		-, (	35 Zi	p Code
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Squares, byend or princed rame of registered agent and their disenseable   NOTE: Registered Agent agent agent agent and their disenseable   NOTE: Registered Agent a	or register	red agent, or both, in the State of Florid	la. Such change was authoriz	ed by the	corp	oration's boar	d of directors. I hereby accept the appo	intment as rec	istered	l agent. I am
12.	SIGNATURE .	Signature, typical or principal name of readstared agent	and title if anoncable (NC	OTE: Registered	d <b>Ag</b> en	nt signature required	yhen reinstating)	DATE		
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CHY: \$1-20P 64 CHY: \$7-21P 64 CHY: \$7-21P 14. I do hereby certify that the information poppled with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3;(k), Florida Statutes. I further		ordify that the information	with this filips is valuntarily for				or the evernation stated in Section 110	17/3/b) Florida	Ctal	toe I further