

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
1995

APPROVED
AND
FILED

DOCUMENT # **S94168**

(9)

95 MAY -1 PM 11:17

LASTING IMPRESSIONS PICTURE SOAP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 1120 HOLLAND DRIVE STE 12 BOCA RATON FL 33487 US		2a. Mailing Address 1120 HOLLAND DRIVE STE 12 BOCA RATON FL 33487 US		3. Date of Incorporation (or 2a. Date) 11/14/1991		3b. Date of Last Request 05/01/1994	
21. State of Incorporation 22		26. State of Mailing 27		4. FE Number 65-0301671		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Is a corporation? 24		28. Is a corporation? 29		6. Election Certificate Filing Fee Trust Filing Corporation ☐ \$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 STOLL, JOANNE F. 1120 HOLLAND DRIVE STE - 12 BOCA RATON FL 33487				10. Name and Address of New Registered Agent 81. Name 82. Street Address (or P.O. Box Number, if Not Applicable) 83. 84. City FL 85. Zip Code			
11. Pursuant to the provisions of Sections 199.01, 199.02, and 199.03, 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 responsibility for the corporation's compliance with Florida Statutes.							
SIGNATURE: <i>Joanne F. Stoll</i> 4/27/95							
12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: 1. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: 1. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
2. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				2. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
3. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				3. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
4. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				4. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
5. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				5. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
6. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				6. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
7. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				7. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			
8. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL				8. NAME: STOLL, JOANNE F. STREET ADDRESS: 5692-C FOX HOLLOW DR. CITY: BOCA RATON FL			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the purposes stated in Section 199.01, Florida Statutes. I further certify that the information is not false or misleading, and that the corporation has the right to change its registered office or registered agent and that the corporation has the right to change its registered office or registered agent. I am familiar with and accept the responsibility for the corporation's compliance with Florida Statutes. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility for the corporation's compliance with Florida Statutes.

SIGNATURE: *Joanne F. Stoll* 4/27/95 407 995-0395
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOANNE F. STOLL