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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V13711

(9)

1. Corporation Name

MARKETING IMPRESSIONS, INC.

Principal Place of Business

10008 SADDLE CLUB RD.
FT. LAUDERDALE FL 33326
US

Mailing Address

10008 SADDLE CLUB DR.
FT. LAUDERDALE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

04/12/1994

4. FBI Number

65-0311323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1153 SAWGRASS CORP. PKWY.

Suite, Apt. #, etc.

2a. Mailing Address

26 1153 SAWGRASS CORP. PKWY.

Suite, Apt. #, etc.

22 City & State

23 SUNRISE, FL

27 City & State

28 SUNRISE, FL

24 Zip Country

25 33323 BROWARD

29 Zip Country

30 33323 BROWARD

9. Name and Address of Current Registered Agent

FLIPSE, ROBERT
16608 SADDLE CLUB ROAD
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE * *Robert Flipse*
(Signature, Name and Title of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLIPSE, ROBERT
STREET ADDRESS	1369 SEAGRAPE CIR
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	D
NAME	FLIPSE, NANCY D
STREET ADDRESS	1369 SEAGRAPE CIR
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 this address.

SIGNATURE:

Nancy D. Flipse, VP
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-10-95

305-845-0385