FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:20

DOCUMENT # V72738 (0)

1. Corporation Name
GOOD IMPRESSIONS, INC.

Principal Place of Business
~~970 BELLEFLOWER DR~~ 578 Moonpenny Cir
~~PORT ORANGE FL 32127~~ Port Orange, FL 32127

Mailing Address
PO BOX 291598
PORT ORANGE FL 32129
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 578 MOONPENNY CIRCLE Port Orange FL 32127

2a. Mailing Address
26

4. FEI Number: 59-3145921
☐ Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip | 25 Country | 29 Zip | 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FORD, KEVIN C~~ LEONE, DOMINICK J.
~~970 BELLEFLOWER DR~~ 578 Moonpenny Circle
~~PORT ORANGE FL~~ Port Orange, FL 32127

10. Name and Address of New Registered Agent

81 Name: LEONE, DOMINICK, J.
82 Street Address (P.O. Box Number is Not Acceptable): 578 MOONPENNY CIRCLE
83 City: PORT ORANGE, FL. 32127
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, 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: X Dominick J. Leone President 1-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	11 TITLE		☐ Change ☐ Addition
NAME	~~FORD, KEVIN C~~	12 NAME		
STREET ADDRESS	~~970 BELLEFLOWER DR~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~PT ORANGE FL~~	14 CITY-ST-ZIP		
TITLE	~~VP~~ PRESIDENT	21 TITLE		☐ Change ☐ Addition
NAME	LEONE, DOMINICK J	22 NAME		
STREET ADDRESS	578 MOONPENNY CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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; 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.

SIGNATURE: X Dominick J. Leone Dominick J. LEONE 1-17-95 904-788-7067
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #

0403469 FP