FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 620402

(8)

MARKETING IMPACT, INC.

FILED Apr 11 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address					
275 N.E. 94TH MIAMI SHORES		275 N.E. 94TH STREET Miami Shores Fl 33138-2829					
			-		3. Date incorporated or Qualified 05/01/1979	3a. Date of Le 02/08/199	
	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-1949398		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	е	City & State	·····		6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zφ	Country	Zip	Count	ry	8. This corporation has liability for it		der s. 199.032,
24	25	29	30			Yes No	
	g. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	latered Agent	
NEU	Weiler, Theodore C Jr		8	1 Name			
275	N.E. 94TH STREET		8	2 Street Arto	iress (P.O. Box Number is Not Acceptab	e)	
MIA	MI SHORES FL 33138						
			B	3			
			L.	4 Ob.		loc l	Zin Codo
			8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Sta	atutes, the abo	ve-named cor	poration submits this statement for the p	irpose of chang	ing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligi	i of Florida. Such change w	as authorized l	by the cornors	ation's board of directors. I hereby accep	t the appointmer	nt as registered
=	rmamiliar with, and accept the obliga	ations of, Section 607.0505	, Florida Statut	8 8.			
SIGNATURE	Signature typed or printed name of registered age	ent and title if aculcable (NOTE: Booistered A	nent sinnature tenu	ulred when reinslating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PVD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cha	
NAME	NEUWEILER, THEODORE C JA		1.2 NAM	:			•
STREET ADDRESS	275 N.E. 94TH STREET	•		ET ADDRESS			
CHY-SI-ZIP	MIAMI SHORES FL		1.4 CITY	1			
THE	STD	DELETE	2.1 TITLE			Cha	noe Addition
NAME	NEUWEILER, DONNA W.		2.2 NAM	ì			
	275 N.E. 94TH STREET						
STREET ADDRESS	MIAMI SHORES FL			ET ADDRESS			
CITY-ST-ZIP	MIAMI SHURES FL	DELETE	2. 4 CITY			☐ Cha	nge 🔲 Addition
MILE		☐ DELETE	3.1 TITLE				uðo fill vongor
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		DELETE	4,1 TITLE	- 1		Cha	inge 🔲 Addition
NAME			4. 2 NAM		•		
STHEET ADDRESS			4.3 STRE	ET ADDRESS			
Crty-St-ZiP			4,4 CITY				
TITLE		☐ DELETE	5,1 TITLE	{		L Cha	nge Addition
NAMÉ			5.2 NAM	[
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	ST-ZIP			
TITLE		DELETE	6 1 TITLE			Cha	nge 🔲 Addition
NAME			62 NAM	E 1%			
STREET ADDRESS			63 STRE	ET ADDRESS			
CITY-S1-ZiP			6.4 CITY				
On 1 . Ol . Zii	l .		■ 0.7 OITT	w . MI			

14. I do 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.