FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 JAN 24 PM 3:04

DOCUMENT # 853218 (6)

1. Corporation Name

IMPACT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
400 S. DIXIE HWY., SUITE 122 BOCA RATON FL 33432	P. O. BOX 2530 BOCA RATON FL 33427 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1496247 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOODMAN, BRUCE
400 S. DIXIE HWY., SUITE 122
BOCA RATON FL 33432-3023

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WOODMAN, BRUCE REV.	1.2 NAME	
STREET ADDRESS	2034 SW 7TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, HARVEY REV.	2.2 NAME	
STREET ADDRESS	310 CLARK DR., RT. 5	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHOREWOOD IL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FASIG, BILL REV.	3.2 NAME	
STREET ADDRESS	2878 NW 24TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	QUIGGIN, RAYMOND	4.2 NAME	
STREET ADDRESS	4100 N. OCEAN DR., #1804	4.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SORENSON, EVERETT	5.2 NAME	
STREET ADDRESS	5731 NE 16TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOTOS, MICHAEL	6.2 NAME	
STREET ADDRESS	29 COUNTRY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VILLAGE OF GOLF FL	6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Bruce Woodman 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bruce Woodman

0049142