FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **06/22/1982**
3a. Date of Last Report: **01/24/1995**

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

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WOODMAN, BRUCE REV.		12 NAME		
STREET ADDRESS	2034 SW 7TH CT.		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, HARVEY REV.		22 NAME		
STREET ADDRESS	310 CLARK DR., RT. 5		23 STREET ADDRESS		
CITY-ST-ZIP	SHOREWOOD IL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FASIG, BILL REV.		32 NAME		
STREET ADDRESS	2878 NW 24TH WAY		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	QUIGGIN, RAYMOND		42 NAME		
STREET ADDRESS	4100 N. OCEAN DR., #1804		43 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	SORENSON, EVERETT		52 NAME		
STREET ADDRESS	5731 NE 16TH TERRACE		53 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BOTOS, MICHAEL		62 NAME		
STREET ADDRESS	29 COUNTRY ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	VILLAGE OF GOLF FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce W. Woodman _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #