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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33427-2530 US

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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, 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	☐ DELETE	1.1 TITLE		☐ Change ☐
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	☐ DELETE	2.1 TITLE		☐ Change ☐
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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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 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: Bruce Woodman REQUIRED 1/30/97 (561)338-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041764