## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

**FILED** 

Feb 13 1998 8:00am

Secretary of State

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 4. FEI Number Applied For
				59-1496247 Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26		Certificate of Status Desired
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
City & State	o	City & State		7. Is this nonprofit corporation a homeowners association?
Zip 24	Country 25	7)p	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes S No
	9. Name and Address of Current			10. Name and Address of New Registered Agent
	•		81 Name	
WOODMAN, BRUCE 400 S. DIXIE HWY., SUITE 122			82 Street Addi	ress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432-3023			83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	les, the above-named corp	
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. Large and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE .	TALLE W. W	wer mon		1/5/98-
12.	Signalize typica or profest mono of ingistored ages OFFICERS AND		Tt. Registered Agent signature requirements 13.	red when reinstating)  ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	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		14 CITY-ST-ZIP	
TITLE	VO	☐ 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		2 4 CITY-ST-ZIP	
TITLE	SD	☐ DELFTE	3.1 TITLE	Change Addition
NAME	FASIG, BILL REV.		32 NAME	
STREET ADDRESS	2878 NW 24TH WAY		3.3 STHEFT ADDRESS	
CITY - ST - ZIF	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 - SI - ZiP	SINGER ISLAND FL	T Street	4.4 CITY - ST - ZIP	
TITLE	D CODENICON EXERCIT	[_] DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME Overs Apopted	SORENSON, EVERETT		5.2 NAME	
STREET ADDRESS	5731 NE 16TH TERRACE		5.3 STREET ADDRESS	
CITY-SI-ZIP	_ FT. LAUDERDALE FL	T burn	5.4 CITY - ST - ZIP	Character II taking
TITLE	D POTOC MICHAEL	☐ 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	to the Commission was asset to a City of	6 4 CITY-ST-ZIP	Continu 110 07/20//) Elected Statutes A further partite that the information

indicated on this annual report or supplied with this ming does not quality 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 eath; 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