

F96000004209

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

800001334426
07/05/98--01012--004
*****78.75 *****70.00

SUBJECT: IMPACT COMMUNICATIONS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael J. CERRATO
(Name of Person)

IMPACT COMMUNICATIONS, INC.
(Firm/Company)

330 MADISON AVE
(Address)

New York, NY 10017
(City/State/Zip)

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mtm

Should you need to call someone concerning this matter, please call:

Michael CERRATO at (212) 490-2300
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 5, 1996

MICHAEL J. CERHATO
%IMPACT COMMUNICATIONS, INC.
330 MADISON AVE
NEW YORK, NY 10017

SUBJECT: IMPACT COMMUNICATIONS, INC.
Ref. Number: W96000014102

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We have received your document for IMPACT COMMUNICATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a certified copy of your articles from New York. That is not what is required, we would need a certificate of good standing (existence). You would need to contact your Secretary of State of New York.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays
Document Specialist

Letter Number: 596A00032934

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned MICHAEL CERRATO, do hereby certify
(Name)

that this Resolution of the Board of Directors of IMPACT COMMUNICATIONS, INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of NEW YORK

was duly adopted on SEPTEMBER 23, 19

Be it resolved, that IMPACT COMMUNICATIONS, INC.
(Corporate Name)

organized and existing in the State of NEW YORK, hereby adopt the name

IMPACT MEDICAL COMMUNICATIONS, INC. for use in Florida.

Dated: AUG 15, 1996



Signature of either Chairman, Vice Chairman or any officer

MICHAEL CERRATO - VP FINANCE

Type or print name

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. IMPACT COMMUNICATIONS INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK 3. 13-3108337
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/23/81 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. MAY 15, 1996
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. LINDA KRECKO c/o IMPACT COMMUNICATIONS, INC.
125 NW 109TH AVE #202 PEMBROKE PINES, FLA. 33026
(Current mailing address)

8. MEDICAL EDUCATION & MARKETING
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: LINDA KRECKO c/o IMPACT COMM. INC.

Office Address: 125 NW 109TH AVE #202

PEMBROKE PINES, Florida, 33026
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box **NOT** acceptable)

Chairman: HOWARD KROPLICK

Address: 33 WREN DRIVE

EAST HILLS NY 11576

Vice Chairman: ROSALIND KROPLICK

Address: 33 WREN DRIVE

EAST HILLS NY 11576

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box **NOT** acceptable)

President: HOWARD KROPLICK

Address: 33 WREN DRIVE

EAST HILLS NY 11576

Vice President: MICHAEL CERRATO

Address: 96 COMMONWEALTH DR

BASKING RIDGE NJ 07920

Secretary: ROSALIND KROPLICK

Address: 33 WREN DRIVE


EAST HILLS NY 11576

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MICHAEL J. CERRATO - VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York | ss:
Department of State

I hereby certify, that the certificate of incorporation of IMPACT COMMUNICATIONS, INC. was filed on 09/23/1981, under the name of IMPACT MEDICAL COMMUNICATIONS, INC., with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment IMPACT MEDICAL COMMUNICATIONS, INC., changing name to IMPACT COMMUNICATIONS, INC., was filed 05/26/1993.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of July
one thousand nine hundred and
ninety-six*



Alexander F. Trenchard
Secretary of State

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