

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 06 1996 8:00 am
Secretary of State

DOCUMENT # **V44971 (2)**
1. Corporation Name
EMPACT ENTERPRISES OF AMERICA, INC.



Principal Place of Business: **3908 FORSYTHE WAY TALLAHASSEE FL 32308**
Mailing Address: **P.O. BOX 10083 TALLAHASSEE FL 32302**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/19/1992	06/01/1995
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEWART, NANCY
3908 FORSYTHE WAY
TALLAHASSEE FL 32308**

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

Signature typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when resubmitting)

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORRIS, EMORY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3908 FORSYTHE WAY	1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD STEWART, NANCY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3908 FORSYTHE WAY	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD BRILLANTE, ROBERT J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3992 BOBBIN BROOK CIRCLE	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 checked, or on an attachment with an address.

SIGNATURE: *Nancy Stewart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96 904-385-7805
DATE DAYTIME PHONE #

CR2E034 (3/96)