

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 480803 (6)

1. Corporation Name
IMPALA ELECTRONICS, INC.



Principal Place of Business

2419 BAYSHORE BLVD
TAMPA FL 33629
US

Mailing Address

2419 BAYSHORE BLVD
#3N
TAMPA FL 33629-7345
US

3. Date Incorporated or Qualified
07/18/1975

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 97 LONG HAMMOCK DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 30032
Suite, Apt. #, etc.

4. FEI Number

11-2036038

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

22 City & State

23 RIVER RANCH, FLORIDA
Zip Country

24 33867 25 USA

27 City & State

28 RIVER RANCH, FLORIDA
Zip Country

29 33867 30 USA

9. Name and Address of Current Registered Agent

PISTONE, JOSEPH A
2419 BAYSHORE BLVD #3N
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name PISTONE JOSEPH A.

82 Street Address (P.O. Box Number is Not Acceptable)

83 97 LONG HAMMOCK DRIVE

84 City RIVER RANCH

FL

85 Zip Code 33867

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

Joseph A. Pistone

1-8-97

Signature of officer or director of corporation or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PISTONE, JOSEPH A
STREET ADDRESS 2419 BAYSHORE BLVD #3N
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE SD
NAME PISTONE, JOSEPH A
STREET ADDRESS 2419 BAYSHORE BLVD #3N
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PISTONE Joseph A.
1.3 STREET ADDRESS 97 LONG HAMMOCK DRIVE
1.4 CITY-ST-ZIP RIVER RANCH, FLORIDA 33867

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME PISTONE JOSEPH A.
2.3 STREET ADDRESS 97 LONG HAMMOCK DRIVE
2.4 CITY-ST-ZIP RIVER RANCH, FLORIDA 33867

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph A. Pistone

1-8-97

941-692-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 1997

CR2E034 (9/96)