

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90091 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 480803

1. Corporation Name
IMPALA ELECTRONICS, INC.

Principal Place of Business
97 LONG HAMMOCK DRIVE
RIVER RANCH FL 33867
US

Mailing Address
PO BOX 30032
RIVER RANCH FL 33867
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2419 BAYSHORE BLVD. Suite, Apt. #, etc. 22 3N City & State 23 TAMPA, FL. Zip 24 33629 Country 25 USA		2a. Mailing Address 26 24A BAYSHORE BLVD. Suite, Apt. #, etc. 27 3N City & State 28 TAMPA, FL. Zip 29 33629 Country 30 USA		3. Date Incorporated or Qualified 07/18/1975	
				4. FEI Number 11-2036038	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

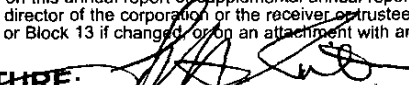
9. Name and Address of Current Registered Agent PISTONE, JOSEPH A. 97 LONG HAMMOCK DRIVE RIVER RANCH FL 33867		10. Name and Address of New Registered Agent 81 Name PISTONE, JOSEPH A. 82 Street Address (P.O. Box Number is Not Acceptable) 2419 BAYSHORE BLVD. 83 SUITE 3N 84 City TAMPA FL 85 Zip Code 33629	
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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 PRESIDENT 1-8-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PISTONE, JOSEPH A 97 LONG HAMMOCK DRIVE RIVER RANCH FL 33867	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD PISTONE, JOSEPH A. 2419 BAYSHORE BLVD. 3N TAMPA, FL. 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PISTONE, JOSEPH A 97 LONG HAMMOCK DRIVE RIVER RANCH FL 33867	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD PISTONE, JOSEPH A. 2419 BAYSHORE BLVD 3N TAMPA, FL. 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  JOSEPH A. PISTONE 1-8-99 813-258-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)