

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

FILED

May 06 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 # F96000003079 1. Corporation Name <p style="text-align: center; font-size: 1.2em;">Impact Unlimited, Inc.</p>																																																											
Principal Place of Business		Mailing Address																																																									
2. Principal Place of Business 21 250 Ridge Road Suite, Apt. #, etc. 22 City & State 23 Dayton, NJ Zip 24 08810-0558		2a. Mailing Address 26 250 Ridge Road Suite, Apt. #, etc. 27 P.O. Box 558 City & State 28 Dayton, NJ Zip 29 08810-0558																																																									
Country 25 USA		Country 30 USA																																																									
3. Date Incorporated or Qualified June 18, 1996		3a. Date of Last Report First Report																																																									
4. FEI Number 22-1985926		Applied For <input type="checkbox"/> Not Applicable																																																									
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																											
9. Name and Address of Current Registered Agent <p style="text-align: center; font-size: 1.1em;">Edwin F. Blanton, Esq. 825 Thomasville Road Tallahassee, FL 32303</p>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> FL 85 Zip Code </div>																																																									
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____																																																											
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> DELETE </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> </tr> </table>		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1.1 TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>1.2 NAME</td> <td>President</td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>Richard V. Nelson</td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>250 Ridge Road</td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Executive Vice Pres.</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>Kenneth R. Payne</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>250 Ridge Road</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>Secretary</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>Barbara Nelson</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>250 Ridge Road</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Controller</td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>Kevin D. Budds</td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>250 Ridge Road</td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>400002177104</td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>-05/13/97--01086--009</td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>***173.75</td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	President	1.3 STREET ADDRESS	Richard V. Nelson	1.4 CITY-ST-ZIP	250 Ridge Road	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	Executive Vice Pres.	2.3 STREET ADDRESS	Kenneth R. Payne	2.4 CITY-ST-ZIP	250 Ridge Road	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	Secretary	3.3 STREET ADDRESS	Barbara Nelson	3.4 CITY-ST-ZIP	250 Ridge Road	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME	Controller	4.3 STREET ADDRESS	Kevin D. Budds	4.4 CITY-ST-ZIP	250 Ridge Road	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME	400002177104	6.3 STREET ADDRESS	-05/13/97--01086--009	6.4 CITY-ST-ZIP	***173.75
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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.																																																											
SIGNATURE: Controller 5/1/97 (908) 274-2000 x202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																											

CR2E034 (9/96)