

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

FILED
Jan 31 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 # F96000004209 (0)

1. Corporation Name
IMPACT MEDICAL COMMUNICATIONS, INC.



Principal Place of Business
125 NW 109TH AVE #202
PEMBROKE PINES FL 33026

Mailing Address
125 NW 109TH AVE #202
PEMBROKE PINES FL 33026-5116

3. Date Incorporated or Qualified **08/19/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3108337

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 **330 MADISON AVE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 **21 ST FLOOR**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 **New York, NY**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

10017

30 Country

NY

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRECKO, LINDA
125 NW 109TH AVE #202
PEMBROKE PINES FL 33026

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KROPLICK, HOWARD	
STREET ADDRESS	33 WREN DRIVE	
CITY - ST - ZIP	EAST HILLS NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KROPLICK, ROSALIND	
STREET ADDRESS	33 WREN DRIVE	
CITY - ST - ZIP	EAST HILLS NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CERRATO, MICHAEL	
STREET ADDRESS	96 COMMONWEALTH DR	
CITY - ST - ZIP	BASKING RIDGE NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	
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: *[Signature]* **MICHAEL CERRATO VP-FIN 1/23/97 212 490-2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)