


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

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Apr 23 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 # J03537 (4) 1. Corporation Name OPTICAL IMPACT INC.			
Principal Place of Business 230 CARISSA DRIVE SATELLITE BCH FL 32937 US		Mailing Address 230 CARISSA DRIVE SATELLITE BCH FL 32937-3305 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/12/1986		3a. Date of Last Report 03/28/1996	
4. FEI Number 59-2679978		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 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 D'AMATO, JAMES P 230 CARISSA DRIVE SATELLITE BCH FL 32937		10. Name and Address of New Registered Agent 81 Name KAREN B. D'AMATO 82 Street Address (P.O. Box Number is Not Acceptable) 230 CARISSA DRIVE 83 84 City SATELLITE BEACH FL 85 Zip Code 32937	
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 <i>James P. D'Amato</i> <i>Karen B. D'Amato</i> 4-16-97 NOTE: Registered Agent signature required when reinstating.			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME D'AMATO, JAMES PAUL STREET ADDRESS 230 CARISSA DRIVE CITY-ST-ZIP SATELLITE BEACH FL TITLE ST <input type="checkbox"/> DELETE NAME D'AMATO, JAMES PAUL STREET ADDRESS 230 CARISSA DRIVE CITY-ST-ZIP SATELLITE BCH FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE V. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME KAREN B. D'AMATO 1.3 STREET ADDRESS 230 CARISSA DRIVE 1.4 CITY-ST-ZIP SATELLITE BEACH, FL 32937 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 <i>James P. D'Amato</i> 4-16-97 407 773-9061 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)