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FILED

May 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J59818

(1)

1. Corporation Name:  
IMPACT SALES & MARKETING, INC.

Principal Place of Business

~~710 S. DIXIE HWY~~  
~~HALLANDALE FL 33009~~  
US

Mailing Address

~~710 S. DIXIE HWY~~  
~~HALLANDALE FL 33009-7042~~  
US



3. Date Incorporated or Qualified  
02/26/1987

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business ~~Wendy Wołosky~~  
21 545 N.W. 210th ST  
Suite, Apt. #, etc.

2a. Mailing Address ~~FRAN ROSENBLATT~~  
26 1409 NORFOLK AVENUE  
Suite, Apt. #, etc.

4. FEI Number  
59-2775309  
Applied For  
Not Applicable

22 #105  
City & State

27  
City & State

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

23 MIAMI, FLA  
Zip

28 WESTCHESTER, ILLINOIS  
Zip

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

24 33169  
Country

29 60154  
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMPKINS, HARRY  
420 LINCOLN ROAD  
SUITE 258  
MIAMI BEACH FL

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ROSENBLATT, FRANCINE	1409 NORFOLK AVE	WESTCHESTER IL 60154	<input type="checkbox"/>
D	WOLOSKY, WENDI	545 N.W. 210TH ST., #105	MIAMI FL 33169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed, or on an attachment with an address.

SIGNATURE: *Francine Rosenblatt* President 5/19/97 708-345-0098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)