

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J87232

1. Corporation Name

IMPACT STUDIOS, INC.

Principal Place of Business

%FRED PEER  
72 S.E. 6TH AVE.  
DELRAY BEACH FL 33483  
US

Mailing Address

%FRED PEER  
72 S.E. 6TH AVE.  
DELRAY BEACH FL 33483  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CECERE, MICHAEL A  
2200 N. FEDERAL HWY., #214  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

08/10/1987

4. FEI Number

65-0008401

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KRAUSE, WERNER H  
STREET ADDRESS 72 S.E. 6TH AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VP ☐ DELETE

NAME PEER, FRED  
STREET ADDRESS 72 S.E. 6TH AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE S ☐ DELETE

NAME CECERE, MICHAEL A  
STREET ADDRESS 2200 N. FEDERAL HWY., #214  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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 of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90128 023 \*\*\*150.00

05-03-1999 90128 024 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (11/98)

February 01, 1999

Date

Daytime Phone #

(714) 738 6826