SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) #LORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name (3)K51806 IMPULSE SALES CORP. Maling Address Principal Place of Business % MARTIN DAVIDOW % MARTIN DAVIDOW 1224 YALE DR 1224 YALE DR HOLLWYOOD FL 33021 3a. Date of Last Report 3. Date Incorporated or Qual fied HOLLWYOOD FL 33021 12/12/1988 03/20/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0131741 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has fiability for intangible tax under s 199 032 Country Zip Zιρ Florida Statutes Yes No 29 30 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVIDOW, MARTIN Street Address (P.O. Box Number is Not Acceptable) 82 1224 YALE DR HOLLYWOOD FL 33021 Zip Code 85 City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or present name of registered agent and the Tapplarable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96) 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 11 TITLE TITLE DAVIDOW, MARTIN 1.2 NAME NAME 13 STREET ADDRESS 1224 YALE DR STREET ADDRESS HOLLYWOOD FL 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 3 I TITLE TITLE 3.2 NAM5 NAME 3.3 STREET AUDRESS STREET ADDRESS 3.4 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 GITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST - ZIP 000001916380 Addition -08/08/96--01027--047 CITY-ST-ZIP DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and do shot qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 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 a made under oath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on/an attachment with an address. SIGNATURE: MAA TIN DA U 100/M

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