

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004846 (1)
1. Corporation Name
IMPASSE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report N/A
4. FEI Number 59-3269639	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
ROUTE 1, BOX 3376 HAVANA FL 32333		ROUTE 1, BOX 3376 HAVANA FL 32333	
2. Principal Place of Business	2a. Mailing Address	21. N/A	2b. N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22.	27.
23. City & State	28. City & State	24. Zip	29. Country
		25. Country	30. Country
		26. Zip	31. Country

9. Name and Address of Current Registered Agent

**BEVERETT, INA MAE
ROUTE 1, BOX 3376
HAVANA FL 32333**

10. Name and Address of New Registered Agent

81. Name N/A	85. Zip Code FL
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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 N/A
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	PD BEVERETT, INA MAE	1.1 TITLE	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERETT, INA MAE	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 3376	1.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	1.4 CITY - ST - ZIP	
TITLE	VD TOOLE, DON R	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOLE, DON R	2.2 NAME	Toole, Don R.
STREET ADDRESS	P.O. BOX 985	2.3 STREET ADDRESS	Rt. 1 Box 3376 (mailing P.O. Box 985)
CITY - ST - ZIP	HAVANA FL 32333	2.4 CITY - ST - ZIP	HAVANA, FL. 32333
TITLE	STD BEVERETT, W. JESSE	3.1 TITLE	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERETT, W. JESSE	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 3376	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAVANA FL 32333	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: INA MAE BEVERETT **4-26-95** **904-539-0334**
Signature and typed or printed name of signing officer or director Date (Type in 11-2)