Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 # P29601

1. Corporation Name

DUNEDIN FL 34698

21

22

23

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

IMPACT BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
1546 MAIN CTOFFT	1548 MAIN STREET

Country

DUNEDIN FL 34698

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90249 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Election Campaign Financing

06/01/1990

13-3187154

FEI Number

BELOFF, DONN, ESQ. 2255 GLADES ROAD, SUTTE 340W BOCA RATON FL 33431 13 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 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of S	Zip	Country	Zip	Coun	try		8. This corporation owes the cu	rrent year Int		_ \
BELOFF, DONN, ESO. 2255 GLADES ROAD, SUITE 340W BOCA RATON FL 33431 B3 A4 City FL B5 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 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, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE VO OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P PALM HARBOR FL STREET ADDRESS ORY-ST-2P ALGIN'ST-2P ALGIN'ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P NEW YORK NY OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 STREET ADDRESS CITY-ST-2P	24	25	29	30			Personal Property Tax.		Yes	□No
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### City ###				[Day Suger Address (1). Box (Mamber is Not Acceptable)					
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Signature, typed or printed rame of miglatered agent and tilled if applicable. (NOTE Registered Agent alignature required when reliability)	office or r	egistered agent, or both, in the State of	of Florida. Such change was	s authorized I	by ti	named corpor he corporation	ration submits this statement for the 's board of directors. I hereby according to the contract of the contrac	e purpose of ept the appoi	changing its ntment as re	registered gistered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE	Slongture, based or printed name of registered agent	and title if annicable. (NO	OTF: Registered A	Loent	signature required v	when reinstating)	DATE		
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				6.4 CITY	-ST-	ZIP				{

Country

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 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, with all other like empowered.

CR2E034 (11/98)