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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000000384 (6)

1. Corporation Name  
IMPACT ENGINEERING EQUIPMENT, INC.



Principal Place of Business  
1511 E. COMMERCIAL BLVD.  
SUITE 2  
FORT LAUDERDALE FL 33334-5717

Mailing Address  
1511 E. COMMERCIAL BLVD.  
SUITE 2  
FORT LAUDERDALE FL 33334-5717

3. Date Incorporated or Qualified 01/04/1993  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30  
98198 USA  
9. Name and Address of Current Registered Agent  
HURLEY, TINA L  
150 NORTH FEDERAL HIGHWAY  
SUITE 210  
FORT LAUDERDALE FL 33301

2a. Mailing Address

26 27013 Pacific Hwy So.  
Suite, Apt. #, etc.  
27 Suite 324

28 Des Moines, WA  
City & State  
29 98198 30 USA  
Zip Country

4. FEI Number

65-0392792

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ 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 DP  
NAME CORBIN, PHILIP III  
STREET ADDRESS 27013 PACIFIC HWY SOUTH, #324  
CITY-ST-ZIP KENT WA

TITLE DVS  
NAME CASSIDY, TERRENCE P JR.  
STREET ADDRESS 1424 N.E. 53 CT  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T  
NAME MILLER, TAMSEN L  
STREET ADDRESS 6123 PANORAMA DRIVE NE  
CITY-ST-ZIP TACOMA WA

TITLE DAT  
NAME CARBALLO, RODRIGO A  
STREET ADDRESS 3936 SW IDA  
CITY-ST-ZIP SEATTLE WA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Corbin, Philip III  
1.3 STREET ADDRESS 27013 Pacific Hwy South, #324  
1.4 CITY-ST-ZIP Des Moines, WA 98198

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 AT  
4.2 NAME Carballo, Rodrigo A  
4.3 STREET ADDRESS 3936 SW Ida  
4.4 CITY-ST-ZIP Seattle WA 98136

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Tamsen L. Miller

Tamsen L. Miller

3/1/97

206-829-0804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)