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

CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000000384 (6)

IMPACT ENGINEERING EQUIPMENT, INC.

Principal Place of Business Mailing Address 27013 PACIFIC HWY SO 1511 E. COMMERCIAL BLVD. SUITE 2 STE 324 FORT LAUDERDALE FL 33334-5717 DO NOT WRITE IN THIS SPACE DES MOINES WA 98198 3. Date Incorporated or Qualified 01/04/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0392792 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 Zio 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition 🗌 DELETÉ ☐ Change TITLE 1.1 TITLE NAME CORBIN, PHILIP III 1.2 NAME 27013 PACIFIC HWY SOUTH, #324 STREET ADDRESS 1.3 STREET ADDRESS **DES MOINES WA** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DVS **D** DELETE 2.1 TITLE TITLE CASSIDY, TERRENCE P JR. 2.2 NAME NAME 1424 N.E. 53 CT STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE 3.1 TITLE DTS Miller, Tamsen_L TITLE MILLER, TAMSEN L NAME 3.2 NAME 6123 Panorama Drive NE 6123 PANORAMA DRIVE NE STREET ADDRESS 3.3 STREET ADDRESS Tacoma WA 98422 TACOMA WA CITY-ST-ZIP 3.4 CITY-ST-ZIP XX DELETE Addition Change 4.1 TITLE TITLE CARBALLO, RODRIGO A 4 2 NAME NAME **3936 SW IDA** 4.3 STREET ADDRESS STREET ADDRESS **SEATTLE WA** CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE ★ Addition 5.1 TITLE TITLE Čorbin, Jean 5.2 NAME NAME 8775 20th Street, Lot STREET ADDRESS 5.3 STREET ADDRESS 32966 Vero Beach, FL CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE

14. 1 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.

6.2 NAME

man le de ma

Tamsen L.Miller

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

May 01 1998 8:00am

Secretary of State