

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000000415 (8)**

1. Corporation Name

**IMPACT ENGINEERING, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**01/04/1993**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**65-0399824**

Applied For

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURLEY, TINA L.  
150 NORTH FEDERAL HIGHWAY  
SUITE 210  
FT. LAUDERDALE FL 33301**

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 the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **CORBIN, PHILIP III**  
STREET ADDRESS **1511 E. COMMERCIAL BLVD., SUITE 2**  
CITY-ST-ZIP **FT LAUDERDALE FL 33334-5717**

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME **Corbin, Philip III**  
1.3 STREET ADDRESS **27013 Pacific Hwy S. #324**  
1.4 CITY-ST-ZIP **Kent, WA 98033**

TITLE **DVS** ☐ DELETE  
NAME **CASSIDY, TERRENCE P JR.**  
STREET ADDRESS **1424 N.E. 53RD COURT**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **AT** ☐ DELETE  
NAME **DEFONCE, CHRISTOPHER**  
STREET ADDRESS **1511 E. COMMERCIAL BLVD., STE. 2**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334-5717**

3.1 TITLE **AT** ☒ Change ☐ Addition  
3.2 NAME **DeFonce, Christopher M.**  
3.3 STREET ADDRESS **3916 42nd Ave. SW**  
3.4 CITY-ST-ZIP **Seattle, WA 98116**

TITLE **DAT** ☐ DELETE  
NAME **CARBALLO, RODRIGO**  
STREET ADDRESS **5310 SW COLLEGE, APT. 2**  
CITY-ST-ZIP **SEATTLE WA**

4.1 TITLE **DAT** ☒ Change ☐ Addition  
4.2 NAME **Carballo, Rodrigo A.**  
4.3 STREET ADDRESS **3936 SW IDA**  
4.4 CITY-ST-ZIP **Seattle, WA 98136**

TITLE **T** ☐ DELETE  
NAME **MILLER, TAMSEN L.**  
STREET ADDRESS **125 SW CAMPUS DRIVE 4-303**  
CITY-ST-ZIP **FEDERAL WAY WA**

5.1 TITLE **T** ☒ Change ☐ Addition  
5.2 NAME **Miller, Tamsen L.**  
5.3 STREET ADDRESS **6123 Panorama Dr NE**  
5.4 CITY-ST-ZIP **Tacoma, WA 98422**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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

2/2/96 206-839-0804

Date

Daytime Phone #

CR2E034 (12/95)