

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

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Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000000415 (8)**

1. Corporation Name  
**IMPACT ENGINEERING, 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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1993</b>	3a. Date of Last Report <b>02/21/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0399824</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, PHILIP III	1.2 NAME	Corbin, Philip III
STREET ADDRESS	27013 PACIFIC HWY SOUTH #324	1.3 STREET ADDRESS	27013 Pacific Hwy South #324
CITY-ST-ZIP	KENT WA	1.4 CITY-ST-ZIP	Des Moines, WA 98198
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, TERRENCE P JR.	2.2 NAME	
STREET ADDRESS	1424 N.E. 53RD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFONCE, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	3916 42ND AVENUE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	
TITLE	DAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBALLO, RODRIGO	4.2 NAME	
STREET ADDRESS	3936 SW IDA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TAMSEN L.	5.2 NAME	
STREET ADDRESS	6123 PANORAMA DRIVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AT
STREET ADDRESS		6.3 STREET ADDRESS	Ahearn, Kevin John
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4901 Fairwoods Blvd NE #179 Tacoma, WA 98422

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** **3/7/97** **206-839-0804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)