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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000415 (8)

IMPACT ENGINEERING, INC.

Mailing Addross

FILED Mar 12 1997 8:00am Secretary of State



1611 E CON		•			1				
1511 E. COMMERCIAL BLVD. SUITE 2 FORT LAUDERDALE FL 33334-5717 2. Principal Prace of Business		1511 E. COMMERCIAL BLVD. SUITE 2 FORT LAUDERDALE FL 33334-5717							
								of Last Report 1/1996	
		2a. Mailing Address		• • • • • • • • • • • • • • • • • • • •		FEI Number			optied For
21		26 27013 Paci	fic H	wy So.		65-0399824		No	t Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5	Certificate of Status Desired		•	Additional
22		27 Suite 324				CONTINUE OF CIACOS DOSITOR			equired
City & Sta	le	City & State	. 1.1%		l l	Election Campaign Financing			May Be
23	Country	28 Des Moines	S WA			Trust Fund Contribution	<u> </u>		to Fees
Zip 24	25	29 98198	<u> </u>	SA	l l	This corporation has liability for Florida Statutes		ax under s] No	. 199.032,
24	9. Name and Address of Curre		1301 0	2A		Name and Address of New Re			
Hij	RLEY, TINA L.		81	Name		······································	T	-T	
	NORTH FEDERAL HIGHWAY			C	/D	O. Davido and a Marketina	-1-1		
	ITE 210		82	Street Ad	iaress (P.	O. Box Number is Not Acceptat	DIE)		
	LAUDERDALE FL 33301		83						
			84	City				es Zin	Code
			64	City			FL	85 Zip	COOLE
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abov	e-named co	orporation	submits this statement for the p	ourpose of	changing i	ls registered
							OCCES Antito	intment as	realsterea
office or agent 1 a	registered agent, or both, in the State am familiar with land accept the oblig	e of Florida. Such change was lations of, Section 607.0505, Fl	authorized by lorida Statute	y the corpor s.	ration's D	oard of directors. I hereby acces	**************************************		
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, Fl	authorized by lorida Statute	y the corpor s.	ration's De	oard of directors. I hereby acce	<i></i>		
SIGNATURE	Signature typed or printed name of registered age	ent and the if applicable INC	TE Registered Age		quired when I	reinstating)	DATE		
	Separate typed or praied name of rogiste od ago OFFICERS AN	ent and the if applicable INO	TE Registered Age	ent signature req	quired when I		DATE CERS AND	DIRECTOR	RS IN 12
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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 execute.

SIGNATURE:

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3797

206-839-0804

Daytime Phone #