


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000000415

1. Corporation Name
IMPACT ENGINEERING, INC.



Principal Place of Business 1511 E. COMMERCIAL BLVD. SUITE 2 FORT LAUDERDALE FL 33334-5717	Mailing Address 27013 PACIFIC HWY SO STE 324 DE MOINES WA 98198 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6716 Eastside Dr. N.E. Suite, Apt. #, etc. 22 Suite 6 City & State 23 Tacoma, WA Zip 24 98422 Country 25 U.S.A.	2a. Mailing Address 26 6716 Eastside Dr. NE Suite, Apt. #, etc. 27 Suite 6 City & State 28 Tacoma, WA Zip 29 98422 Country 30 U.S.A.
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3. Date Incorporated or Qualified 01/04/1993	4. FEI Number 65-0399824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORBIN, PHILIP III		1.2 NAME	
STREET ADDRESS 27013 PACIFIC HWY SOUTH #324		1.3 STREET ADDRESS	
CITY-ST-ZIP DES MOINES WA		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORBIN, JEAN		2.2 NAME	
STREET ADDRESS 8775 20TH STREET, LOT 301		2.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL 32966		2.4 CITY-ST-ZIP	
TITLE AT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AHEARN, KEVIN JOHN		3.2 NAME	
STREET ADDRESS 4901 FAIRWOODS BLVD NE #179		3.3 STREET ADDRESS	
CITY-ST-ZIP TACOMA WA		3.4 CITY-ST-ZIP	
TITLE DTS	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, TAMSEN L.		4.2 NAME	
STREET ADDRESS 6123 PANORAMA DRIVE NE		4.3 STREET ADDRESS	
CITY-ST-ZIP TACOMA WA 98422		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Tamsen M. Corbin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 253-942-9000
Date Daytime Phone #

CR2E034 (11/98)