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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # P

P94000079229 (8)

IMPACT COMPUTER PRODUCTS INC.

Principal Place of Business	Mailing Address	



EDEO NI ANIDE	of Business	Mailing Address			
5769 N. ANDREWS WAY FT. LAUDERDALE FL 33309		5769 N. ANDREWS \ FT. LAUDERDALE FL			
				3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 04/18/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
<u> </u>		26	MAN IN THE THE TENT TO THE TOTAL PROPERTY AND THE PROPERTY OF	65-0545968	Not Applicable
_ Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		City P. State			Fee Required
City & State		Gity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 _(P)	Country	Zip	Country	8. This corporation has liability for it	
4	25	29	30	Florida Statutes	
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
SUITE 20 N MAMI	AN SIMEON WAY 576 95 BEACH FL 33179 PT. KI	14D. EC 333	83 84 City		FL 85 Zip Code
or registere		ionda. Such change was autho	rized by the corporation's boa	oration submits this statement for the purple and of directors. Thereby accept the appo	
SIGNATURE .	i, a is a xxyx the congenions or, o	estion per todos. Honda ordina	v .3.		
MGNATURE .	Signature: typed or protestrative of registere da	and and the day of a section	N. It. Registered Agent signature region	non-set of the set of	DA*E
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other the information supplied with this inling is vocinially furnished and their shot quality for the exemption stated in Section 1190/GNR, notice stating in the stating of 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 out, that I am an officer or director of the corporation of the corporation of 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 for on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/94 954-489-1009

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