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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90208 030 \*\*\*150.00

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DOCUMENT #	P95000037171

1. Corporation Name

IMPACT MORTGAGES, INC

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Principal Place	e of Business	Mailing Address						INDU IND IDEBLEMEN BURN DUNIN B	8111 <b>08</b> 11 <b>1016</b>		
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1314 CAPE CORAL PKWY   1314 CAPE CORAL PKWY   STE 319   STE 319								:			• •
CAPE CORAL FL 33940 CAPE CORAL FL 33940							DO NOT WRITE IN THIS SPACE				
US		US						rporated or Qualifed			
		: 50					05/08/1	1995			
2. Principal Pl	lace of Business	2a. Mailing Addre	ess				4. FEI Numb			Ap	plied For
21		26					<u>65-0579</u>	9633		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	, etc.				5 Certificate	of Status Desired		\$8.75	
22		27								Fee Re	·
City & State	e	City & State				ł		Campaign Financing	П	\$5.00	
23 28										Added t	o Fees
Zip	Country	Žip		Country	,		8. This corporation owes the current year Intangible				
24	25	29	30	<u> </u>	<del></del>	بلــــــــــــــــــــــــــــــــــــ		Property Tax.  d Address of New	Pagistared		□No
<del></del>	9. Name and Address of Curre	ant Registered Agent		81	Name		iv. Name an	Id Address of New	Keğisteren	Agent	
ADK	INS, LINDA S			"	I Name	_					
5	CAPE CORAL PKWY			82	Street	Address	s (P.O. Box N	umber is Not Accept	tab <b>je</b> ),		
STE				83	ļ						
1	E CORAL FL 33940			00							
				84	City		·		<b>E</b> 1	85 Zip (	Code
44.5	- 4		1 01 1 1 1 1	41	<u> </u>			Lie statement for the	FL	-	rogiotorod
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida. Such chang	da Statutes, ge was autho	tne abov	e-named the corpo	corpora oration's	tion submits to board of dire	ectors. I hereby acce	pt the appo	intment as re	gistered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0	0505, Florida	Statutes	•						
SIGNATURE			ANOTE: D			2			DATE		
12.	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Reg			anw Deniuper					
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L		AND DIRECTORS	ELETE	13.	it signature (	ρ		S/CHANGES TO OF			R\$ IN 12
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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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 549.33110024