

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

FILED
Mar 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000010780 (0)
1. Corporation Name
IMPACT GRAPHICS, INC.

Principal Place of Business
15 HILTON HAVEN DRIVE
KEY WEST FL 33040
US

Mailing Address
POST OFFICE BOX 249
KEY WEST FL 33041



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 1209 TRUMAN AVE Suite, Apt. #, etc 22 City & State 23 KEY WEST, FL 24 Zip 25 33040 26 Country 27 MONROE | | 2a. Mailing Address 26 Suite, Apt. #, etc 27 SAME 28 City & State 29 Zip 30 Country | | 3. Date Incorporated or Qualified 01/31/1996 | |
| 4. FEI Number 65-0683870 | | 5. Certificate of Status Desired X | | Applied For Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution | | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | | 8. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent MILLS, PAUL A CPA 3709 DONALD AVENUE KEY WEST FL 33040 | | 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 Rose A Chibbaro CRA
Signature typed or printed name of registered agent and block applicable (NOTE: Registered Agent signature required when reinstating)
DATE 3/21/98

| | | | |
|--|--|--|-----------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MORAN, ROBERT C 15 HILTON HAVEN DRIVE KEY WEST FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MORAN, THOMAS A 15 HILTON HAVEN DR KEY WEST FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | Change Addition |

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 in an attachment with an address.

SIGNATURE: Rose A Chibbaro
3/12/98 (305) 292-0087

CR2E034 (10/97)