

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021000 (0)

1. Corporation Name  
IMPULSE DISTRIBUTION, INC.

Principal Place of Business ONE TAMPA CITY CENTER STE 2600 TAMPA FL 33602	Mailing Address ONE TAMPA CITY CENTER STE 2600 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9728 Tiffany Oaks Ln Suite, Apt. #, etc. 22 City & State 23 Tampa FL 24 Zip 33612 25 Country USA		2a. Mailing Address 26 Same 27 City & State 28 29 Zip 30 Country		3. Date Incorporated or Qualified 02/28/1996	4. FEI Number 59-3362399 Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent MOHIP, AMINE ESQ. ONE TAMPA CITY CENTER STE 2600 TAMPA FL 33602		81 Name	10. Name and Address of New Registered Agent	
		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

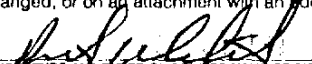
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WHITCOMB, RICK	1.2 NAME	Whitcomb, Rick
STREET ADDRESS	2201 ANIGDOON DR	1.3 STREET ADDRESS	9728 Tiffany Oaks Ln
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tampa FL 33612
TITLE	VP	2.1 TITLE	VP
NAME	WHITCOMB, STANLEY	2.2 NAME	Whitcomb, Stanley
STREET ADDRESS	2201 ANIGDOON DR	2.3 STREET ADDRESS	9728 Tiffany Oaks Ln
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tampa FL 33612
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:  Rick Whitcomb 4/17/98 (813) 931-8840

CR2E034 (10/97)