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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063712 (9)

IMPACT MARINE, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						A DITE METER MITTER SETTE 1800	)
420 WEST BR BRANDON FL	ANDON BOULEVARD #204 33\$11	420 WEST BRANDON BOULEVARD #204 BRANDON FL 33511		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie 07/30/1996	d	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			59-3391517		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional	
22		27			b. Certificate of otatus Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23		28	1		Trust Fund Contribution		ied to Fees
Zip	<b>├</b> ─┐		Country		8. This corporation owes or has		
24	25	1 Degletered Apopt	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Hegistered Agent	81	Name,	10. Name and Address of New	negistered Agent	
runnells, kent b				NUL	SH M. PATEL		
420 WEST BRANDON BOULEVARD #204			82		ess (P.O. Box Number is Not Accept	table) STRUE	<del>_</del>
BRANDON FL 33511				<u>6<b>9</b>9</u>	W. DELEON	<u> </u>	<u> </u>
			83				
			64	City	nOA	FL 85	Zip Code 3 3606
5 Sections of Costions CO2 04.09 and CO2 14.09 Elevidor the phone paged correction submits this statement for the purpose of changing its registered							
office or registered agent, or both, in both, include state of Section 607,0505, Florida Statutes, the above-harned 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 (speed or printed have not reconstruct agent and title if applicable (NOTE: Registered Agent signature required when reinstating).						DATE DIDEC	TORCIN 12
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OF	Char	
TITLE	D CANAL BUILD	☐ DELETE	1.1 TITLE			L. Vila	ige 🗀 Addition
NAME	KANJI, DILIP 7627 COURTNEY CAMPBELL CAUSEWAY		1.2 NAME	perces			į:
STREET ADDRESS		CAUSEWAT	1.3 STREET A				
CITY-ST-ZIP	TAMPA FL	DELĒTE	1.4 City - St - ZiP 2.1 TITLE			Char	nge Addition
TITLE			2.2 NAME				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME							
STREET ADDRESS			2.3 STREET ADDRESS				į
CITY-ST-ZIP TITLE		DELETE	2. 4 CfTY - ST - ZIP 3.1 TITLE			Chai	nge
			3.2 NAME				• -
NAME CENTER ADDRESS				INDRESS.			Í
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP				
CITY-ST-ZIP TITLE	DELETE		4 1 TITLE	611		☐ Chai	nge Addition
NAME		-	4 2 NAME				
STREET ADDRESS			4 3 STREET A	ADDRESS			
CITY-ST-ZIP			4 4 CITY - ST				
TITLE		DELETE	5.1 TITLE			☐ Char	nge Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET A	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	- ZIP			
TITLE		DELETE	6.1 TITLE			Chai	nge Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST	- ZIP			
	24 14 14 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1	the state of the s	1 11		Continu 110 07/2\(i\) Elorida Statuta	a. I further partiful the	the information

Indicated on this annual report of supplied with this ming goes not quality for me exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report is cusplemental 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 ampowered 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.

ALLEIGK