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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000098690 (6)

1. Corporation Name  
RAD IMPACT, INC.



Principal Place of Business  
2033 MAIN STREET, SUITE 104  
SARASOTA FL 34237

Mailing Address  
2033 MAIN STREET, SUITE 104  
SARASOTA FL 34237-6049

3. Date Incorporated or Qualified 12/06/1996	3a. Date of Last Report
4. FEI Number 65-0723068	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
VENABLE, JOSEPH P  
2033 MAIN STREET, SUITE 104  
SARASOTA FL 34237

10. Name and Address of New Registered Agent  
81. Name  
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RIVOLTA, MARELLA	1.2 NAME	
STREET ADDRESS	215 ROBIN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	RIVOLTA, PIERO	2.2 NAME	
STREET ADDRESS	215 ROBIN DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34236	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	VENABLE, JOSEPH P	3.2 NAME	
STREET ADDRESS	1400 4TH AVE. W	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34205	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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006676

CR2E034 (9/96)