

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

FILED
Apr 16 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 # P97000053875 (5)

1. Corporation Name
IMPACT MARKETING COMMUNICATIONS, INC.

Principal Place of Business 43 BAILEY DR. WASHINGTON CROSSING PA 18977	Mailing Address 43 BAILEY DR. WASHINGTON CROSSING PA 18977
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1997	
21 Suite, Apt #, etc.	26	27 Suite, Apt #, etc.	28	4. FEI Number 65-0763161	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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

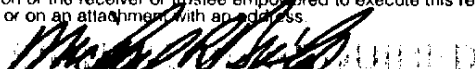
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KRAUTH, MARK	1.2 NAME	COLLINS, BLAIR
STREET ADDRESS	245 VENETIAN DR., STE. 1	1.3 STREET ADDRESS	6698 SUGOVIA CIRCLE WEST
CITY - ST - ZIP	DELRAY BEACH FL 33483	1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33331
TITLE	D	2.1 TITLE	
NAME	BISHOP, MIKE	2.2 NAME	
STREET ADDRESS	43 BAILEY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON CROSSING PA 18977	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
NAME	COLLINS, BLAIR	3.2 NAME	
STREET ADDRESS	6698 SUGOVIA CIRCLE WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33331	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	
NAME	COLLINS, BLAIR	4.2 NAME	
STREET ADDRESS	6698 SUGOVIA CIRCLE WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33331	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:



4/16/98

315-321-7023

CR2E034 (10/97)