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

May 13 1998 8:00am

Secretary of State

DOCUMENT # P9700057669 (8)

1.	Corporatio SOLID	n Name IMPACT,		0000	J/ (003 (0)						
Pri	Principal Place of Business Mailing Address											
875 F COUNTRY CIR. 875 F COUNTRY CIR.												
KISSIMMEE FL 34744					KISSIMMEE FL 34744						DO NOT WRITE IN THIS SPACE	
											3. Date Incorporated or Qualified	\neg
											06/30/1997	
	Principal P	Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	_
21	Suite, Apt. #, etc.				Suite, Apt. #, etc.						59-3488840 Not Applicable \$8.75 Additional	의
22	Suite, Apt. W. etc.				27						Certificate of Status Desired Fee Required	
l	City & State				City & State						Election Campaign Financing \$5.00 May Be	\exists
23				2	28						Trust Fund Contribution Added to Fees	_
	Zip	Country			Zip			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
24	4] 25 9. Name and Address of Current R				29 30 agistered Agent			Т-		Personal Property Tax due June 30. Yes L 10. Name and Address of New Registered Agent		
 -	RO	QUE. AND						81	Nam	9		┨
875 F COUNTRY CIR.								82	Stree	t Addre	ress (P.O. Box Number is Not Acceptable)	\dashv
KISSIMMEE FL 34744									000			
								83				
O								84	City		FL 85 Zip Code	٦
11. Pursuant to the provisions of Sections 607, 502 and 607.1508, Florida Statutes, the								abov	e-name	d corpo	poration submits this statement for the purpose of changing its registered	7
	11. Pursuant to the provisions of Sections 607,9002 and 607,1508, Florida Statutes, the office or registered eagent, or both, in the state of thorida. Such change was authoragent. I am familiar with, and accept the obligations of Section 607,0505, Florida.								y the co s.	rporatio	tion's board of directors. I hereby accept the appointment as registered	1
ı	SIGNATURE A MAN X COJU										4/22/98	_
12	Stohalure, lyned or printed name of registered agent on 12.									ne required	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅱ
TITL		-/	[]		7	☐ DELETE		TITLE		Pre	cocintent Change Addition	'n
NAA	AE .	, '			•		1.2	NAME		An	ndres J. Rogue 15 F Country Cir. F	Į
STR	EET ADDRESS						1.3	STREET	ADDRESS	87	75 F Country Cir. F	
$\overline{}$	(-ST-ZiP							CITY-S	ST-ZIP	_Ki	issimmee, FL 34744	ᆚ
TITL						☐ DELETE		TITLE			Change Addition	n
NAME CTRATE						1	NAME	4000000				
STREET ADDRESS CITY-ST-ZIP						1	STREET CITY-1	ADDRESS	`			
TITL						DELETE		TITLE	31-211		☐ Change ☐ Additio	'n
NAA	Æ.						3.2	NAME				Į
ŞTR	EET ADDRESS						3.3	STREET	ADDRESS	;		
_	r-st-zip					D DE FEE		CITY-	ST-ZIP			
TITE						DELETE	1	TITLE			Change Addition	'n
1	NAME STREET ADDRESS							4. 2 NAME 4.3 STREET ADDRESS		.		
l	Y-ST-ZIP						1	CITY-S		,		
TITL		-				DELETE		TITLE	et - EIF		Change Addition	'n
NAN								NAME			-	
STR	EET ADDRESS						5.3	STREET	ADDRESS			
CITY-ST-ZIP								5.4 CITY - ST - ZIP				_
TITL						☐ DELETE		THILE			Change Addition	m
NAME								NAME				ļ
STR	eet address						6.3	STREET	ADDRESS	1		- 1

6.4 CITY-ST-ZIP

4. 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 of suppliemental 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 employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing for on an argain that my name address.