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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P97000088143

1. Corporation Name

IMPULSE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 2513 LUTZ FL 33548	P.O. BOX 2513 Lutz FL 33548	
Principal Place of Business The Principal Place of Business	2a. Mailing Address	<u></u>

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90064 017 ***150.00



Principal Place	e of Business	Mailing Address				T 1881(186) vill (all) (196)) dans and additional (#101 10101 11011 0		
P.O. BOX 2513		P.O. BOX 2513							
LUTZ FL 33548 LUTZ FL 33548						DO MAD MIDITE IN THIS SPACE			
]						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE		ı
						10/13/1997			
D	In a st Desciones	2a. Mailing Address			-	4, FEI Number	I Ani	olied For	
	lace of Business	H -				59-3482303		Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.					\$8.75 A		
	•	27				5. Certificate of Status Desired	Fee Re		
City & Stat	A	City & State	<u> </u>	- 4	-	6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	,	
Zip	Country	Zip	Col	intry		8. This corporation owes the current year Inta	angible		
24	25	29	30			Personal Property Tax.		□No _	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		ļ
				81 Na	me				
	rh, grant l			82 Str	opt Addre	ess (P.O. Box Number is Not Acceptable)			
	3 PECAN GROVE PLACE			5"	oot / laare				
LUT?	Z FL 33549			83					
į				84 Cit			85 Zip C	ode.	ł
{				84 Cit	y	FL	. 03 2.5		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-nar	ned corpo	oration submits this statement for the purpose of	changing its	registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	iuthorize irida Stal	a by the c tutes.	orporatio	n's board of directors. I hereby accept the appoir	mient as reg	JISTO1 CO	
									Ì
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTI	: Registere	d Agent signe	ture required	d when reinstating) DATE			á
12.	OFFICERS AN	D DIDECTORS	13.					DC IN 42	10
TITLE		TTETT	13.			ADDITIONS/CHANGES TO OFFICERS AN			1 =
""LE	D	DELETE	1.1 T	ITLE		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	ς.
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	SMITH, GRANT 18103 PECAN GROVE PLACE	TTETT	1.1 T 1.2 N		ESS	ADDITIONS/CHANGES TO OFFICERS AN			ς.
NAME .	SMITH, GRANT	☐ DELETE	1.1 T 1.2 N 1.3 S	AME	ESS	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	☐ Addition	2E034 74
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NAME STREET ADDRESS CITY-ST-ZIP	SMITH, GRANT 18103 PECAN GROVE PLACE	☐ DELETE	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	AME TREET ADDR ITY-ST-ZIP	ESS	ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	☐ Addition	2E034 74
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14. 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 a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP