

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000059747

1. Corporation Name
IMPACT TECHNOLOGIES OF SOUTH FLORIDA, INC.

Principal Place of Business
642 HAMPTON LANE
KEY BISCAYNE FL 33149

Mailing Address
642 HAMPTON LANE
KEY BISCAYNE FL 33149

2. Principal Place of Business

21 2631 WEST 76 STREET 26 2631 WEST 76 STREET

Suite, Apt. #, etc.

22 27

City & State

23 HIALEAH, FLORIDA

Zip

24 33016

Country

25 U.S.A.

26 33016 27 33016 28 HIALEAH, FLORIDA

Zip

29 33016

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

NOONAN, WILLIAM S
642 HAMPTON LANE
KEY BISCAYNE FL 33149

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, 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	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, WILLIAM S		1.2 NAME	
STREET ADDRESS	642 HAMPTON LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID J		2.2 NAME	
STREET ADDRESS	13700 SW 62 ST., NO. 209		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(1)(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, on an attachment with an address, with all other like empowered.

SIGNATURE: *William S. Noonan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90180 048 ***150.00

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