

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S83980

(0)

1. Corporation Name

THE IMPACT GROUP, INC.



Principal Place of Business

P.O. BOX 273698
BOCA RATON FL 33427

Mailing Address

P.O. BOX 273698
BOCA RATON FL 33427

3. Date Incorporated or Qualified

09/30/1991

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

4. FEI Number

65-0308419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KEENAN, RAYMOND
4250 NE 23 TERR
LIGHTHOUSE POINT FL 33064

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 607.0902 and 607.1502, 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 of Registered Agent required only when changing

Date

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

2. NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

3. NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

4. NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

5. NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

6. NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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 both, at the address with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-96

407-338-0161

CR2E034 (12/95)