

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003079
1. Corporation Name
Impact Unlimited, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified June 18, 1996	3a. Date of Last Report First Report
21	250 Ridge Road	26	250 Ridge Road	4. FEI Number 22-1985926	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. P.O. Box 558	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Dayton, NJ	28	City & State Dayton, NJ	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 08810-0558	25	Country USA	29	Zip 08810-0558
30	Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Edwin F. Blanton, Esq. 825 Thomasville Road Tallahassee, FL 32303				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Richard V. Nelson
STREET ADDRESS		1.3 STREET ADDRESS	250 Ridge Road
CITY, ST, ZIP		1.4 CITY-ST-ZIP	Dayton, NJ 08810
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	Executive Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Kenneth R. Payne
STREET ADDRESS		2.3 STREET ADDRESS	250 Ridge Road
CITY, ST, ZIP		2.4 CITY-ST-ZIP	Dayton, NJ 08810
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Barbara Nelson
STREET ADDRESS		3.3 STREET ADDRESS	250 Ridge Road
CITY, ST, ZIP		3.4 CITY-ST-ZIP	Dayton, NJ 08810
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Kevin D. Budds
STREET ADDRESS		4.3 STREET ADDRESS	250 Ridge Road
CITY, ST, ZIP		4.4 CITY-ST-ZIP	Dayton, NJ 08810
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400002177104
STREET ADDRESS		6.3 STREET ADDRESS	-05/13/97--01086--009
CITY, ST, ZIP		6.4 CITY-ST-ZIP	***173.75

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: *Kevin D. Budds* Controller **5/1/97** (908) 274-2000x202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)