

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27378** (9)

1. Corporation Name

LASER INSTITUTE OF AMERICA, INC.



Principal Place of Business

Mailing Address

12424 RESEARCH PARKWAY
SUITE 125
ORLANDO FL 32826
US

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SUITE 125
ORLANDO FL 32826
US

3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 02/22/1995
4. FEI Number 95-2535904	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAKER, PETER M.
740 RIVERBOAT CIRCLE
ORLANDO FL 32828**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if acceptable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	11 TITLE	President D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, WILLIAM DR	12 NAME	Dave Farson
STREET ADDRESS	3403 N ORANGE BLOSSOM TRAIL	13 STREET ADDRESS	190 W. 19th Street
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Columbus, OH 43210
TITLE	P <input checked="" type="checkbox"/> DELETE	21 TITLE	President-Elect D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARSON, DAVE D	22 NAME	Dr. David Sliney
STREET ADDRESS	NORTH ATHERTON ST	23 STREET ADDRESS	Laser Microwave Division
CITY-ST-ZIP	STATE COLLEGE PA	24 CITY-ST-ZIP	Aberdeen Proving Ground, MD 21010
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, SARAH	32 NAME	
STREET ADDRESS	4445 NICOLE DR	33 STREET ADDRESS	Same as last year
CITY-ST-ZIP	LANHAM MD	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, LARRY	42 NAME	
STREET ADDRESS	1130 SOMERSET ST	43 STREET ADDRESS	Same as last year
CITY-ST-ZIP	NEW BRUNSWICK NJ	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PETER M	52 NAME	
STREET ADDRESS	740 RIVERBOAT CIRCLE	53 STREET ADDRESS	Same as last year
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	000001770470
STREET ADDRESS		63 STREET ADDRESS	-04/05/96--01025--014
CITY-ST-ZIP		64 CITY-ST-ZIP	***70.00

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *[Signature]*, Executive Director 02-23-96 407-380-1553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)