SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR REFORE 00/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000017309 (1)

LASER STAR, INC.

Mailing Address

FILED
Jul 23 1998 8:00am
Secretary of State



Filliopal Flace of Duelliess		Maining Address	Maining Address			
62 SOUTH DADE AVENUE		62 SOUTH DADE AVENUE				
SARASOTA FL 34278		SARASOTA FL 34278		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					02/22/1996	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
		<u></u>	Mailing Address		I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0645817	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State		• Floring Constitution		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr			
	— ·	F·•₁ `	30	,	This corporation owes or has paid the Personal Property Tax due June 30.	
24	25	29	30		10. Name and Address of New Regist	
9. Name and Address of Current Registered Agent 81					10. Name and Address of New Regist	ereo Agent
OVERHOLT, LEONA]*'	Name		
62 SOUTH DADE AVENUE			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34278			83	ļ		
			83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.1508, Florida Statu	tes, the above	named corpo	pration 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, typed or printed name of registered age		OTE: Registered A	oent signature reg	guired when reinstating) D	ATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change Addition
NAME	OVERHOLT, LEONA		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34278		1.4 CITY-S1			İ
TITLE	VPD	DELETE	2.1 TITLE	-		Change Addition
NAME	OVERHOLT, LEE	[DETEIL	2.2 NAME	1		Change Addition
STREET ADORESS	62 SOUTH DADE AVENUE		2.3 STREET	ADDRESS		
1	04040074 51 04070		1		‡ ;	
CITY-ST-ZIP TITLE			2.4 CITY-ST 3.1 TITLE	1-ZP	*.	
l I		DELETE				Change Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		····-	3.4 CITY-S1	r-ziP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP						
			4.4 City-st	-ZIP		
TITLE		DELETE	4.4 City-st 5.1 Title	<u>-2I</u> P		Change Addition
TITLE NAME		DELETE		f-ZIP		Change Addition
		DELETE	5.1 TITLE			Change Addition
NAME STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS		
NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		Change Addition

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 chapted of on an attachment with an address.

CICNIATUDE.

CITY-ST-ZIP

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