FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49101 (4)

1. Corporation Name

LASER IMAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS P. HALL 3443-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952	C/O THOMAS P. HALL 3443-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/28/1988

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 204 East McKenzie Street
Suite, Apt. #, etc.
22 Suite A
City & State
23 Punta Gorda FL
Zip 24 33950 Country 25 USA

2a. Mailing Address
26 204-A East McKenzie Street
Suite, Apt. #, etc.
27 Suite A
City & State
28 Punta Gorda FL
Zip 29 33950 Country 30 USA

4. FEI Number: 65-0086167 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, THOMAS P.
3443-D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCRAE, THOMAS G.	12 NAME	
STREET ADDRESS	2751 RYAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	MCRAE, SUSAN G.	22 NAME	
STREET ADDRESS	2751 RYAN BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GELDERD, JOHN B.	32 NAME	
STREET ADDRESS	ROUTE 3, BOX 321	33 STREET ADDRESS	
CITY-ST-ZIP	COLLEGE STATION TX	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KILLINGER, DENNIS K.	42 NAME	
STREET ADDRESS	6819 BLUFFS BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BURRER, GORDON J.	52 NAME	
STREET ADDRESS	5 WAYLAND HILLS RD.	53 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Thomas G. McRae 4/20/95 Thomas G. McRae, President (813) 743-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

639-3533

0328067 CP