

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542466

(8)

1. Corporation Name

LASER WORKS, INC.



Principal Place of Business

629 17TH AVENUE WEST
BRADENTON FL 34205

Mailing Address

629 17TH AVENUE WEST
BRADENTON FL 34205

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

OFFENHAUER, KEITH L.
6116 SHORE ACRES DRIVE
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
08/05/1977

3a. Date of Last Report
08/25/1995

4. FEI Number
59-1768050

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of appointment

Date Registered Agent Assumes Office (Not later than filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME OFFENHAUER, KEITH L.
STREET ADDRESS 6116 SHORE ACRES DRIVE
CITY-STATE-ZIP BRADENTON FL

TITLE STD ☐ DELETE

NAME OFFENHAUER, SALLY
STREET ADDRESS 6116 SHORES ACRES DRIVE
CITY-STATE-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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, in this statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900001769568
-04/04/96--01080--018
***208.00

3/18/96

CR2E034 (12/95)

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