

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K49101** (4)
1. Corporation Name
LASER IMAGING SYSTEMS, INC.



Principal Place of Business 204 EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US	Mailing Address 204-A EAST MCKENZIE STREET SUITE A DPUNTA GORDA FL 33950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/28/1988 4. FEI Number 65-0086167 5. Certificate of Status Desired <input type="checkbox"/> \$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 owes or has paid the current year Intangible Personal Property Tax due July 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 85 Zip Code
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Zip Codes
NAME	MCRAE, THOMAS G.	1.2 NAME	
STREET ADDRESS	2751 RYAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	33950
TITLE	DST	2.1 TITLE	
NAME	MCRAE, SUSAN G.	2.2 NAME	
STREET ADDRESS	2751 RYAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	33950
TITLE	D	3.1 TITLE	
NAME	GELDERD, JOHN B.	3.2 NAME	
STREET ADDRESS	5252 ENCHARTED OAKS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLEGE STATION TX	3.4 CITY-ST-ZIP	77845
TITLE	D	4.1 TITLE	
NAME	KILLINGER, DENNIS K.	4.2 NAME	
STREET ADDRESS	6819 BLUFFS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	33617
TITLE	D	5.1 TITLE	
NAME	BURRER, GORDON J.	5.2 NAME	
STREET ADDRESS	5 WAYLAND HILLS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	5.4 CITY-ST-ZIP	01778
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Susan G. McRae** **Susan G. McRae** **4-14-98** **941-639-3533**

CR2E034 (10/97)