

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90050 001 \*\*\*150.00

044595

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # K49101**

1. Corporation Name  
**LASER IMAGING SYSTEMS, INC.**



Principal Place of Business <b>204 EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US</b>	Mailing Address <b>204-A EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>11/28/1988</b>	4. FEI Number <b>65-0086167</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>	City & State <b>28</b>	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Thomas G. McRae**

82 Street Address (P.O. Box Number is Not Acceptable)  
**204-A E. McKenzie Street**

83

84 City **Punta Gorda,** **FL** 85 Zip Code **33950**

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 **Thomas G. McRae**  
Signature, typed or printed name of registered agent and title if applicable.

**PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCRAE, THOMAS G.</b>	1.2 NAME	
STREET ADDRESS	<b>2751 RYAN BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCRAE, SUSAN G.</b>	2.2 NAME	
STREET ADDRESS	<b>2751 RYAN BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELDERD, JOHN B.</b>	3.2 NAME	
STREET ADDRESS	<b>5252 ENCHANTED OAKS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLEGE STATION TX 77845</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILLINGER, DENNIS K.</b>	4.2 NAME	
STREET ADDRESS	<b>6819 BLUFFS BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURRER, GORDON J.</b>	5.2 NAME	
STREET ADDRESS	<b>5 WAYLAND HILLS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYLAND MA 01778</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **Susan G. McRae** Susan G. McRae

**1-20-99**

**941-639-3533**

CR2E034 (1/98)