FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~ $61.25

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97 OCT 15 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 292080 (9)

1. Corporation Name

CONTROL LASER CORPORATION

Principal Place of Business	Mailing Address
7503 CHANCELLOR DR. ORLANDO, FL. 32809	7503 CHANCELLOR DR. ORLANDO, FL 32809

3. Date Incorporated or Qualified: 4/19/85
3a. Date of Last Report: 6/12/96

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1097022 ☐ 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

9. Name and Address of Current Registered Agent

TANNER, ROY H.
7503 CHANCELLOR DR.
ORLANDO, FL. 32809

10. Name and Address of New Registered Agent

81 Name: CHIODO, ANGELO
82 Street Address (P.O. Box Number is Not Acceptable): 7503 CHANCELLOR DR.
83
84 City: ORLANDO, FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0505 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] — ANGELO CHIODO — 10/3/97
Signature, typed or printed name of registered agent, if applicable (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE: P	☐ Change ☒ Addition
NAME	TANNER, ROY		1.2 NAME: CHIODO, ANGELO	
STREET ADDRESS	7503 CHANCELLOR DR.		1.3 STREET ADDRESS: 7503 CHANCELLOR DR.	
CITY-ST-ZIP	ORLANDO, FL 32809		1.4 CITY-ST-ZIP: ORLANDO, FL. 32809	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JD		2.2 NAME	
STREET ADDRESS	7503 CHANCELLOR DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32809		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOMINIC, ANTOINE		3.2 NAME: 300002325273--4	
STREET ADDRESS	7503 CHANCELLOR DR.		3.3 STREET ADDRESS: -10/21/97--01024--019	
CITY-ST-ZIP	ORLANDO, FL. 32809		3.4 CITY-ST-ZIP: *****61.25 *****61.25	
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	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

10-20-97

CR2E034 (9/96)

14. I do 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: [signature] — ANGELO CHIODO — 10/3/97 — (407) 438-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #