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

FILED Jun 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)292080 CONTROL LASER CORPORATION Principal Place of Business Mailing Address 7503 CHANCELLOR DRIVE 7503 CHANCELLOR DRIVE ORLANDO FL 32609 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 04/19/1965 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1097022 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name CHIODO, ANGELO 7503 CHANCELLOR DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 84 City 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. Thereby accept the appointment as registered agent it am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) Signature, typed or printed review of representations and the diapph, while OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFETE ☐ Change ☐ Addition 1.1 10116 TITLE CHIODO, ANGELO NAME 1.2 NAME 7503 CHANCELLOR DRIVE STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 14 CHY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE HILL, JD 2.2 NAME NAME **7503 CHANCELLOR DRIVE** STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1.111146 DOMINICK, ANTOINE 3.2 NAME NAME 7503 CHANCELLOR DR. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32809 3 4. CITY - ST - 7IP CITY-ST-7IP ☐ Change DUE Addition TITLE 4.1.1111.0 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

CITY-S1-7IP 64 CITY - ST - ZIP 14. Thereby 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 supplient and annual report is true and accutate and the 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 empower of the report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed of

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 City-St-ZiP

61 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-70

TITLE

NAME

DEFETE

407.926-3500

Change

Addition