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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 410800

(7)

LASER COMPUTER GRAPHICS, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

Principal Place 6001 N W 153 STE 180 MIAMI LAKES US	STREET	Mailing Address 6001 N W 153 STREET STE 180 MIAMI LAKES FL 33014-2421 US			3. Date Incorporated or Qualified 38. Date of Last Report				
		00				10/16/1972 08/14/1996			
2. Princ pal P 21	lace of Business	2a. Mailing Address 26				4. FEI Number 59-1453507	•		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75	Additional Required
City & Strit	ú	City & State	·			6. Election Campaign Financing Trust Fund Contribution			May Be
Ζ(ρ 24	Country 25	Z _I p)	Coun	itry	.,		X Yes	No	s. 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent	
	JLKIN, JOEL M		١	B1	Name				
	7 PONCE DE LEON BLVD COND FLOOR		82 Street Ac			ess (P.O. Box Number is Not Accepta	ble)		
	RAL GABLES FL 33146		- 	вз					
			1	84	City		FL	85 Zir	o Code
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1508, Florida Statu	ites, the abo	ove	-named corp	poration submits this statement for the tion's board of directors. I hereby acceptance	purpose of	changing	its registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	ites	i.		Promo upper		
SIGNATURE	Signatine type digripopled name of registered ager	r and tile if applicable (NC	TE Registered	Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFI	CERS AND		
FITE	DPS CAPODIFERRO, ANDREW J	☐ DELETE	1.1 TITL		ľ			L Change	Addition
NAME	6001 NW 153RD ST #180		1.2 NAM		1000500				
STREET ADDRESS	MIAMI LAKES FL		1.4 CID		ADDRESS				
CITY+S1+20P TULE	DVT	DELETE	2.1 TITL		1-217			☐ Change	Addition
NAME	CAPODIFERRO, ANDREW J. JF).	22 NAN	ψE				_	
STHEET ADDRESS	6001 NW 153RD ST. #180		2 3 STH	EEY	ADDRESS				
Driv-St-7iP	MIAMI LAKES FL		2 4 DIT	Y-\$	T-ZIP				
7 (1) 7		DELETE	3.1 TITL					☐ Charige	e
NAME Amount about on			3.2 NAA		ADDRESS				
STREET ADORESS CITY-ST-ZIP			3.3 STR						
Tift		DELETE	4.1 TITL					Charge	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STR	EET	ADDRESS				
COY-ST 70F			4.4 CIT		T-ZIP			<u> </u>	
THE		DELETE	5.1 T)().					Change	Addition
NAM't			5.2 NAM		1000500				
STREET ADDISONS			1		ADDRESS				
City - St - ZiP		DELETE	5.4 CIT		1-219			Change	e Addition
NAME	!	peccit	62 NA						hand troughout
SIREEL ADDRESS					ADDRESS				
01Y \$1-77			6.4 CIT		į į				
	·								

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:

LUAD REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR