(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

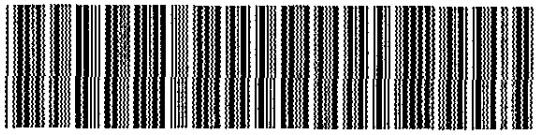
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800037980998

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
93 MAY -1 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation

DOCUMENT # 644981 (3)

PREVIOUS
LASER LIGHTING, INC.
2420 NW 16TH LN # 3
POMPANO BEACH FL 33064-1503

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1979
3a. Current Year Report: 05/20/1992

FILING FEE $200.00
ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 591941879
Applied For / Not Applicable

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐
$8.75 Additional Fee Required

6. Electronic Corporate Filing Requested ☐
$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax pursuant to Chapter 199, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREISTAT, SHELDON
3175 N.E. 48TH COURT APT 102
LIGHTHOUSE PT. FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is NOT Acceptable)
83
84 City FL. 85 Zip Code 86 County

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent's Signature Required)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS (CHANGES)	
11 TITLE 12 NAME 13 ADDRESS 14 CITY-ST-ZIP	P/S/D FREISTAT, SHELDON 3175 N.E. 48TH COURT 102 LIGHTHOUSE PT. FL	11 TITLE 12 NAME 13 ADDRESS 14 CITY-ST-ZIP	
21 TITLE 22 NAME 23 ADDRESS 24 CITY-ST-ZIP		21 TITLE 22 NAME 23 ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 ADDRESS 64 CITY-ST-ZIP	

CR2E041 (9/92)

14. I 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; I further certify 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 or 617, Florida Statutes; and that my name appears in Block 12, Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHELDON FREISTAT DATE: 4-26-93

Print/Type Name of Signing Officer or Agent: [illegible] Title(s): DIRECTOR / PRES.

Daytime Telephone Number: (305) 972-2100