

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002520 (4)**

1. Corporation Name
CVI LASER CORPORATION

Principal Place of Business
**PO BOX 11308
ALBUQUERQUE NM 87192**

Mailing Address
**PO BOX 11308
ALBUQUERQUE NM 87192**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 85-0220620	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHARDSON, AIE 7648 SOUTHLAND BLVD SUITE 104 ORLANDO FL 32809		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hahn, Yu H	1.2 NAME	
STREET ADDRESS	540 TAFT POND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUTNAM CT	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDIGER, F.J.	2.2 NAME	
STREET ADDRESS	7617 MOUNTAIN RD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, JAMES R	3.2 NAME	
STREET ADDRESS	PO BOX 22153	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE NM	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, ALEXANDER	4.2 NAME	
STREET ADDRESS	3827 COTTONWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DENISE	5.2 NAME	
STREET ADDRESS	10417 CAMINO DEL OSO NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOON-HO, KIM	6.2 NAME	
STREET ADDRESS	8625 PLYMOUTH ROCK NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	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

SIGNATURE:

Denise Meyer

2/3/98

(505) 761-9541 X14

CR2E034 (10/97)