

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90123 019 ***150.00

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DOCUMENT # F94000002520

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

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

85-0220620

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

RICHARDSON, AIE
7648 SOUTHLAND BLVD
SUITE 104
ORLANDO FL 32809

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

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

TITLE CP ☐ DELETE
NAME HAHN, YU H
STREET ADDRESS 540 TAFT POND RD
CITY-ST-ZIP PUTNAM CT

TITLE D ☒ DELETE
NAME BRANDIGER, F.J.
STREET ADDRESS 7617 MOUNTAIN RD NE
CITY-ST-ZIP ALBUQUERQUE NM

TITLE PD ☐ DELETE
NAME HIGDON, JAMES R
STREET ADDRESS PO BOX 22153
CITY-ST-ZIP SANTA FE NM

TITLE V ☒ DELETE
NAME JACOBSON, ALEXANDER
STREET ADDRESS 3827 COTTONWOOD DR
CITY-ST-ZIP DANVILLE CA

TITLE TSV ☐ DELETE
NAME MEYER, DENISE
STREET ADDRESS 10417 CAMINO DEL OSO NE
CITY-ST-ZIP ALBUQUERQUE NM

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2103 LAKE CRESCENT CT
1.4 CITY-ST-ZIP WINDERMERE FL 34786

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

DENISE MEYER 2/17/99 (505) 246-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)