

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90008 001 \*2,235.00

PROFIT  
CORPORATION  
ANNUAL REPORT

**1999**



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

**DOCUMENT # F94000003397**

1. Corporation Name

**LASERSIGHT TECHNOLOGIES, INC.**

Principal Place of Business

12249 SCIENCE DR  
STE 160  
ORLANDO FL 32826  
US

Mailing Address

12249 SCIENCE DR  
STE 160  
ORLANDO FL 32826  
US

2. Principal Place of Business

21 **3300 University Blvd.**

22 Suite, Apt. #, etc.  
**Suite 140**

23 City & State  
**Winter Park, FL**

24 Zip  
**32792**

Country  
**U.S.**

2a. Mailing Address

26 **3300 University Blvd.**

27 Suite, Apt. #, etc.  
**Suite 140**

28 City & State  
**Winter Park, FL**

29 Zip  
**32792**

Country  
**U.S.**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**06/28/1994**

4. FEI Number

**59-3250400**

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. ☐ Yes ☒ No

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 **P** ☐ DELETE  
NAME **CROWLEY, RICHARD**  
STREET ADDRESS **12249 SCIENCE DR STE 160**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☐ DELETE  
NAME **NICKERSON, CRAIG E.**  
STREET ADDRESS **11502 BACON ST**  
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **C** ☒ DELETE  
NAME **O'DONNELL, FRANCIS E JR**  
STREET ADDRESS **709 HAMPTONS LANE**  
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President, Chief Operating Officer, Director** ☒ Change ☐ Addition  
1.2 NAME **Crowley, Richard J.**  
1.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
1.4 CITY-ST-ZIP **Winter Park, FL 32792**

2.1 TITLE **Secretary** ☒ Change ☐ Addition  
2.2 NAME **Craig Nickerson**  
2.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
2.4 CITY-ST-ZIP **Winter Park, FL 32792**

3.1 TITLE **Chief Executive Officer, Director** ☒ Change ☒ Addition  
3.2 NAME **Farris, Michael R.**  
3.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
3.4 CITY-ST-ZIP **Winter Park, FL 32792**

4.1 TITLE **Executive Vice-President Development** ☐ Change ☒ Addition  
4.2 NAME **Stewart, Charles W.**  
4.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
4.4 CITY-ST-ZIP **Winter Park, FL 32792**

5.1 TITLE **Treasurer, Director** ☐ Change ☒ Addition  
5.2 NAME **Wilson, Gregory L.**  
5.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
5.4 CITY-ST-ZIP **Winter Park, FL 32792**

6.1 TITLE **Vice-President Sales** ☐ Change ☒ Addition  
6.2 NAME **Headlee, David**  
6.3 STREET ADDRESS **3300 University Blvd., Ste 140**  
6.4 CITY-ST-ZIP **Winter Park, FL 32792**

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: **J. Richard Crowley** **REQUIRE** **Richard J. Crowley**

**407-678-9900**

CR2E034 (5/99)