

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003094 (7)

1. Corporation Name
LTI, LASER TECHNOLOGY, INC.



Principal Place of Business
7070 SOUTH TUCSON WAY
ENGLEWOOD CO 80112

Mailing Address
7070 SOUTH TUCSON WAY
ENGLEWOOD CO 80112-3921

3. Date Incorporated or Qualified 06/17/1996	3a. Date of Last Report
4. FEI Number 84-0970494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	1.2 NAME	
STREET ADDRESS	7070 SOUTH TUCSON WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, JEREMY	2.2 NAME	
STREET ADDRESS	7070 SOUTH TUCSON WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTHE, DAN N	3.2 NAME	
STREET ADDRESS	7070 SOUTH TUCSON WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVY, PAMELA	4.2 NAME	
STREET ADDRESS	7070 SOUTH TUCSON WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD CO 80112	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, WILLIAM	5.2 NAME	
STREET ADDRESS	6195 GHARRETT STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MISSOULA MT 59803	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DEWORTH	6.2 NAME	
STREET ADDRESS	10 WEST BROADWAY #510	6.3 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT 84101	6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498574

CR2E034 (9/96)