

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:19

DOCUMENT # H16718

(9)

1. Corporation Name

LASER ENGINEERING INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2500 N POWERLINE RD
STE - 6A
POMPANO BEACH FL 33481
US**

Mailing Address

**P. O. BOX 610486
BOCA RATON FL 33481**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2437645

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 has liability for intangible tax under S. 192.022,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAL, GARY G.
3349 N.W. 23 CT.
BOCA RATON FL 33431**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	BAL, GARY G.	3349 N.W. 23 CT.	BOCA RATON FL
TSD	BAL, DEBRA A.	3349 N.W. 23 CT.	BOCA RATON FL

1. 1 TITLE	Change	Addition
12 NAME	☐	☐
13 STREET ADDRESS	☐	☐
14 CITY - ST - ZIP	☐	☐
2. 1 TITLE	☐	☐
22 NAME	☐	☐
23 STREET ADDRESS	☐	☐
24 CITY - ST - ZIP	☐	☐
3. 1 TITLE	☐	☐
32 NAME	☐	☐
33 STREET ADDRESS	☐	☐
34 CITY - ST - ZIP	☐	☐
4. 1 TITLE	☐	☐
42 NAME	☐	☐
43 STREET ADDRESS	☐	☐
44 CITY - ST - ZIP	☐	☐
5. 1 TITLE	☐	☐
52 NAME	☐	☐
53 STREET ADDRESS	☐	☐
54 CITY - ST - ZIP	☐	☐
6. 1 TITLE	☐	☐
62 NAME	☐	☐
63 STREET ADDRESS	☐	☐
64 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 incorporator 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, changed, or on an attachment with an address.

SIGNATURE:

Debra A. Bal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA A. BAL

4-26-95

305-
979-4360