

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90046 020 \*\*\*150.00

DOCUMENT # H16718

1. Corporation Name  
LASER ENGINEERING INC.

Principal Place of Business  
2520 N POWERLINE RD BAY #302  
POMPANO BEACH FL 33069  
US

Mailing Address  
P. O. BOX 810488  
BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1984

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

BAL, GARY G.

82 Street Address (P.O. Box Number is Not Acceptable)

2520 N. POWERLINE ROAD BAY #302

83

84 City

POMPANO BEACH

FL

85 Zip Code  
33069

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

Gary G. Bal, V.Pres.

4/19/99

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 PD ☒ DELETE  
NAME BAL, GARY G.  
STREET ADDRESS 3349 N.W. 23 CT.  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE V S. ☒ Change ☐ Addition  
1.2 NAME BAL, GARY G.  
1.3 STREET ADDRESS 2520 N. POWERLINE RD. BAY #302  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33069

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME TUREK, JAMES N.  
2.3 STREET ADDRESS 1300 NEW CIRCLE RD., SUITE 111  
2.4 CITY-ST-ZIP LEXINGTON, KENTUCKY 40505

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED: Gary G. Bal

4/19/99

Date

Daytime Phone #

CR2E034 (11/98)

0374327