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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H21300** (9)

1. Corporation Name
LEE LASER, INC.



Principal Place of Business

**3718 VINELAND ROAD
ORLANDO FL 32811**

Mailing Address

**3718 VINELAND ROAD
ORLANDO FL 32811**

3. Date Incorporated or Qualified
09/17/1984

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1504, 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 or director)

(NOTE: If a new agent is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **PD LEE, CHONG**
STREET ADDRESS **1319 ARTHUR STREET**
CITY-ST-ZIP **ORLANDO FL**

2. TITLE ☐ DELETE

NAME **DS NEWMAN, MELVIN S.**
STREET ADDRESS **222 S. RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL**

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

3. TITLE ☐ Change ☒ Addition

NAME **V BOOTH, ROBERT S.**
STREET ADDRESS **1119 Plato Avenue**
CITY-ST-ZIP **Orlando, FL 32809**

4. TITLE ☐ Change ☒ Addition

NAME **V SCHRICKER, Robert L. A.**
STREET ADDRESS **1340 North Marcy Drive**
CITY-ST-ZIP **Longwood, FL 32750**

5. TITLE ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. 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 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 in unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(407) 422-2476

DATE

Daytime Phone #

CR2E034 (12/95)