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**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90042 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H49135**

1. Corporation Name  
**LASERGATE SYSTEMS, INC.**

Principal Place of Business  
**2189 CLEVELAND ST.  
STE. 230  
CLEARWATER FL 33765**

Mailing Address  
**2189 CLEVELAND ST.  
STE. 230  
CLEARWATER FL 33765**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOORE, JAMES  
7366 SAWGRASS PT. DR.  
PINELLAS PARK FL 33782**

3. Date Incorporated or Qualified

**03/27/1985**

4. FEI Number

**59-2543206**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

10. Name and Address of New Registered Agent

81 Name

**Moore, James H JR**

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

**2189 Cleveland St. Ste. 230**

83

84 City

**Clearwater**

**FL**

85 Zip Code

**33765**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/99**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **+AGER, ERIC**

STREET ADDRESS **4800 MAIN ST.**

CITY-ST-ZIP **KANSAS CITY MO 64112**

TITLE ☐ DELETE

NAME **SOECHTIG, CLIFF**

STREET ADDRESS **28050 U.S. 19N, STE. 502**

CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE

NAME **CHLUSKI, JOHN J**

STREET ADDRESS **980 N FEDERAL HWY**

CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME **SOECHTIG, JACQUELINE E**

STREET ADDRESS **28050 US 19 NORTH, STE. 502**

CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE

NAME **MOORE, JAMES**

STREET ADDRESS **7366 SAWGRASS POINT DR**

CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ DELETE

NAME **JONES, ALFRED P**

STREET ADDRESS **8470 BARDMOR PL**

CITY-ST-ZIP **LARGO FL 34647**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Swacker, Frank W**

1.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

1.4 CITY-ST-ZIP **Clearwater, Florida 33765**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Soechtig, Clifford J**

2.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

2.4 CITY-ST-ZIP **Clearwater, Florida 33765**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Chluski, John J.**

3.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

3.4 CITY-ST-ZIP **Clearwater, Florida 33765**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Soechtig, Jacqueline E**

4.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

4.4 CITY-ST-ZIP **Clearwater, Florida 33765**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Moore, James H JR**

5.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

5.4 CITY-ST-ZIP **Clearwater, FL 33765**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Jones, Alfred P.**

6.3 STREET ADDRESS **2189 Cleveland St. Ste. 230**

6.4 CITY-ST-ZIP **Clearwater, FL 33765**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**2/15/99 727-803-1574**

CR2E034 (1/1/98)