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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # J91783

(7)

1. Corporation Name

PAL LASER CO., INC.



Principal Place of Business

Mailing Address

**% MARGE PALUCK
4067 SAWYER COURT
SARASOTA FL 34233**

**% MARGE PALUCK
4067 SAWYER COURT
SARASOTA FL 34233**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PALUCK, MARGE
4067 SAWYER COURT
SARASOTA FL 34233**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/11/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

50-2844919

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. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the corporation.

Signature, typed or printed name, of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PST
PALUCK, MARGE
5614 BEACH WAY DRIVE
SARASOTA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP ☐ Change ☐ Addition

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP ☐ Change ☐ Addition

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP ☐ Change ☐ Addition

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP ☐ Change ☐ Addition

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP ☐ Change ☐ Addition

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP ☐ Change ☐ Addition

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP ☐ Change ☐ Addition

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP ☐ Change ☐ Addition

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP ☐ Change ☐ Addition

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP ☐ Change ☐ Addition

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP ☐ Change ☐ Addition

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP ☐ Change ☐ Addition

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP ☐ Change ☐ Addition

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP ☐ Change ☐ Addition

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP ☐ Change ☐ Addition

221 TITLE 222 NAME 223 STREET ADDRESS 224 CITY-ST-ZIP ☐ Change ☐ Addition

231 TITLE 232 NAME 233 STREET ADDRESS 234 CITY-ST-ZIP ☐ Change ☐ Addition

241 TITLE 242 NAME 243 STREET ADDRESS 244 CITY-ST-ZIP ☐ Change ☐ Addition

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)(g), 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: MARGE PALUCK MARGE PALUCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
DATE

941-923-1901
DATE

CR2E034 (12/95)