

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K06218 (7)**
1. Corporation Name
LASER EXPRESS CORP.



Principal Place of Business Mailing Address
% GLENN W. ERNSBERGER
705 ENDICOTT ROAD
MELBOURNE FL 32940

3. Date Incorporated or Qualified **12/10/1987** 3a. Date of Last Report **08/04/1995**
4. FEI Number **59-2859267** 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

2. Principal Place of Business 2a. Mailing Address
21 **2885 Electronics Drive** 26 **6425 Anderson Way**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite C9** 27
City & State City & State
23 **Melbourne, FL** 28 **Melbourne, FL**
Zip Country Zip Country
24 **32935** 25 **Brevard** 29 **32940** 30 **Brevard**

9. Name and Address of Current Registered Agent

ERNSBERGER, GLENN W.
705 ENDICOTT ROAD
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name **DANIEL I. POPOVITS**
82 Street Address (P.O. Box Number is Not Acceptable)
786 BROOKEDGE TERRACE
83
84 City **SEBASTIAN** FL 85 Zip Code **32958**

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, on 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]* **Daniel I. Popovits, VP and Dir.** **6-12-96**
Signature typed or printed name of registered agent and date of signature. (Date of filing is required against signature required when appointing.)

12. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> DELETE
NAME	ERNSBERGER, GLENN W.
STREET ADDRESS	705 ENDICOTT ROAD
CITY-ST-ZIP	MELBOURNE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	ERNSBERGER, MIRIAM M.
STREET ADDRESS	705 ENDICOTT ROAD
CITY-ST-ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SUSAN K. Popovits
23 STREET ADDRESS	786 Brookedge Terrace
24 CITY-ST-ZIP	Sebastian, FL 32958
31 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Daniel I. Popovits
33 STREET ADDRESS	786 Brookedge Terrace
34 CITY-ST-ZIP	Sebastian, FL 32958
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **Glenn W. Ernsberger** **May 2, 1996 (407) 2596862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Office Phone #

CR2E034 (12/95)