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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K49101

(4)

1. Corporation Name

LASER IMAGING SYSTEMS, INC.

Principal Place of Business

204 EAST MCKENZIE STREET
SUITE A
PUNTA GORDA FL 33950
US

Mailing Address

204-A EAST MCKENZIE STREET
SUITE A
DPUNTA GORDA FL 33950-6024
US



3. Date Incorporated or Qualified

11/28/1988

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0086167

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

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

HALL, THOMAS P.
3443-D TAMiami TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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 607.1508, 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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MCRAE, THOMAS G.
STREET ADDRESS 2751 RYAN BLVD
CITY-ST-ZIP PUNTA GORDA FL

TITLE DST ☐ DELETE

NAME MCRAE, SUSAN G.
STREET ADDRESS 2751 RYAN BLVD
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ DELETE

NAME GELDERD, JOHN B.
STREET ADDRESS ROUTE 3, BOX 321
CITY-ST-ZIP COLLEGE STATION TX

TITLE D ☐ DELETE

NAME KILLINGER, DENNIS K.
STREET ADDRESS 6819 BLUFFS BLVD.
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ DELETE

NAME BURRER, GORDON J.
STREET ADDRESS 5 WAYLAND HILLS RD.
CITY-ST-ZIP WAYLAND MA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5252 Enchanted Oaks Drive
College Station, TX 77845

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* 4-15-97 04/13/97-2533

CR2E034 (9/96)