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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
204 EAST MCKENZIE STREET SUITE A PUNTA GORDA FL 33950 US	204-A EAST MCKENZIE STREET SUITE A DPUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1988

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	Zip Codes	☐ Change ☒ Addition
NAME	MCRAE, THOMAS G.		1.2 NAME		
STREET ADDRESS	2751 RYAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	33950	
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	MCRAE, SUSAN G.		2.2 NAME		
STREET ADDRESS	2751 RYAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	33950	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	GELDERD, JOHN B.		3.2 NAME		
STREET ADDRESS	5252 ENCHARTED OAKS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLEGE STATION TX		3.4 CITY-ST-ZIP	77845	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	KILLINGER, DENNIS K.		4.2 NAME		
STREET ADDRESS	6819 BLUFFS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	33617	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	BURRER, GORDON J.		5.2 NAME		
STREET ADDRESS	5 WAYLAND HILLS RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA		5.4 CITY-ST-ZIP	01778	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Susan G. McRae Susan G. McRae 4-14-98 941-639-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number