

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L42074** (9)
1. Corporation Name
THE LASER PRINTER PLACE, INC.



Principal Place of Business 5424 BORAN PL SUITE C TAMPA FL 33610 US	Mailing Address P.O. BOX 290848 6406C FOWLER AVE. TEMPLE TERRACE FL 33687-0848 US
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3. Date Incorporated or Qualified 01/12/1990	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 5106 E. 127th Avenue Suite, Apt. #, etc. 22 5106 E. 127th Avenue City & State 23 Tampa, FL Zip 24 33617 Country 25 Hillsborough	2a. Mailing Address 26 Suite, Apt. #, etc. 27 5106 E. 127th Avenue City & State 28 Tampa, FL Zip 29 33617 Country 30 Hillsborough	4. FEI Number 59-2988470	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHNABEL, JEAN M. 5424 BORAN PL TAMPA FL 33610	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5106 E. 127TH AVENUE 83 84 City TAMPA FL 85 Zip Code 33617
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNABEL, JEAN M.		1.2 NAME	
STREET ADDRESS 5424 BORAN PL		1.3 STREET ADDRESS 5106 E. 127th Avenue	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA FL	
TITLE DVT	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNABEL, ROLAND K.		2.2 NAME	
STREET ADDRESS 5424 BORAN PL		2.3 STREET ADDRESS 5106 E. 127TH AVENUE	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP TAMPA, FL	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jean M. Schnabel **Jean M. Schnabel** 4/9/97 813-984-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)