

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L72294** (6)

1. Corporation Name  
**LASER INK, INC.**



Principal Place of Business: **3910 SO WASHINGTON AVE STE 102 TITUSVILLE FL 32780 US**  
Mailing Address: **PO BOX 2555 TITUSVILLE FL 32780**

3. Date Incorporated or Qualified: **05/11/1990**  
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business: **3910 S. WASHINGTON AVE SUITE 102 TITUSVILLE, FL 32780 USA**  
2a. Mailing Address: **3910 S. WASHINGTON AVE SUITE 102 TITUSVILLE, FL 32780 USA**

4. FET Number: **59-3034680**  
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

9. Name and Address of Current Registered Agent:  
**NAJJAR, JEAN  
1748 AYSHIRE DR  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent:  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): **3910 S. WASHINGTON AVE**  
83 City: **TITUSVILLE** FL 85 Zip Code: **32780**

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: *JEAN NAJJAR* **JEAN NAJJAR** **3-9-96**  
Signature by and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAJJAR, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>1748 AYSHIRE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>8142 BROADVIEW ROAD</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>BROADVIEW HEIGHTS, OHIO</b>
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 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: *JEAN NAJJAR* **JEAN NAJJAR** **3-9-96**  
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (12/95)