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

PROFIT



FLORIDA DEPARTMENT OF STATE

i	PORATION AL REPORT 1996		Sandra B. Secretary DIVISION OF CO	of State			
DOCUN 1. Corporation	/IENT#	L72294		S. H. G. P. K. H. G. P.			
LASER	INK, INC.						
Principal Place of	of Business		Mailing Address			I BIBI BIPK DIDU BIBII TARA	ULBIE BIBIL HADI
3910 SO WAS STE 102 TITUSVILLE F	SHINGTON AVE		PO-BOX-2555 TITUSVILLE FL 32780				
U\$					3. Date Incorporated or Qualified 05/11/1990	3a, Date of Last Re 05/22/198	•
2. Principal Plac	ce of Business		2a, Mailing Address		4. FEI Number		oplied For
21			26 3910 S. WA.	SHING TON AVE	59-3034680	<b>├</b>	lot Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & State			27 SUITE 10~ City & State		A 5 0	- Tee H	Required
23			28 TITUSVILLE	FL 3~180	6. Election Campaign Financing Trust Fund Contribution	1 1	May Be I to Fees
Zip	C	ountry	Z <sub>i</sub> p	Country	8. This corporation has liability for i		
24	25			30 USA	Florida Statutes 🔀 Yes		
	g. Name and A	ddress of Current R	legistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
NAJJAR, JEAN 1 <del>748 AVSHIRE DR</del>				82 Street Addre	ess (P.O. Box Number is Not Acceptable S WASH A GROW	TVE	
TITLICIAL	UF CI-ASTOR			83			
NT-OOTILE	DEL IL OZIOU			B4 City		96 7	On do
				84 7 174S	culle	FL 85 Zp	2008
1				/ // -	3 7 2		
11. Pursuant to	the provisions of	Sections 607.0502 an	id 607.1508, Florida Statutes, Such change was authorized	the above-named cornors	ation submits this statement for the pur	pose of changing its re	anistered office
or registere familiar with	ed agant, or both, in n, and accept the c	n the State of Florida. obligations of, Section	Such change was authorized 607.0505, Florida Statutes.	the above-named corpora by the corporation's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its re pintment as registered	nistered office
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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 of 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. 3-9-96

Date

Daytime Phone #

SIGNATURE: \*

IGN TURE AND TYPEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR