

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M65822

(2)

1. Corporation Name

LAZERDATA CORPORATION

Principal Place of Business

123 TECH DRIVE
SANFORD FL 32771-6663

Mailing Address

123 TECH DRIVE
SANFORD FL 32771-6663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2880145

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. 195.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

US

28 Zip

Country

US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of individual registered agent (not for use by corporation)

Signature of Registered Agent (not for use by corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
HASKINS, ELIZABETH A
123 TECH DRIVE
SANFORD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
DEVYLDER, EDGAR P
1000 ONE MAIN PLACE
STAMFORD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

T
PASSARO, LARRY A.
2 CORPORATE DRIVE, SUITE 138
SHELTON CT

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

P/D
L. MICHAEL HONE
675 BASKET ROAD
WEBSTER NY 14580

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

S/D
MARTIN S. WEINGARTEN
900 MIDTOWN TOWER
ROCHESTER NY 14604

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

T/V/D
WILLIAM J. WOODARD
675 BASKET ROAD
WEBSTER NY 14580

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

V/D
ROBERT A. LYONS
123 TECH DRIVE
SANFORD FL 32771

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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. 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 my address.

SIGNATURE

Signature and typed or printed name of signing officer or director

Robert A. Lyons (Robert A. Lyons)

MAY 1, 1995 407-324-1230