

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA300002111**
1. Corporation Name

FLORIDA LASER SUPPLY, INC.

Principal Place of Business	Mailing Address
19 N DEL PRADO BLVD CAPE CORAL FL 33909	19 N DEL PRADO BLVD CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1008 NE 7TH TER	26 2320 W MISSION	01/06/93	04/27/94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 D	27 ONE	65-0368460	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 CAPE CORAL FL	28 PHOENIX AZ	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 33909-3100	25 USA	29 85021	30 USA
3. 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				10. Name and Address of New Registered Agent			
SHERMAN, PHILLIP J. 19 N DEL PRADO BLVD CAPE CORAL FL 33909				81 Name	PHILLIP J. SHERMAN		
				82 Street Address (P.O. Box Number is Not Acceptable)	1008 NE 7TH TER		
				83	STE D		
				84 City	CAPE CORAL	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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, PHILLIP J.	1.2 NAME	STEPHEN J. SHERMAN
STREET ADDRESS	19 N DEL PRADO BLVD	1.3 STREET ADDRESS	2320 W MISSION LN 1
CITY - ST - ZIP	CAPE CORAL FL 33909	1.4 CITY - ST - ZIP	PHOENIX AZ 85021
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, PHILLIP J.	2.2 NAME	STEPHEN J. SHERMAN
STREET ADDRESS	19 N DEL PRADO BLVD	2.3 STREET ADDRESS	2320 W MISSION LN 1
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	PHOENIX AZ 85021
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	100001531441
STREET ADDRESS		3.3 STREET ADDRESS	-07/06/95--01099--018
CITY - ST - ZIP		3.4 CITY - ST - ZIP	***200.00 ***200.00
TITLE		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		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		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	

REMITTED BY MAY 1

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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 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: Stephen J. Sherman 5/16/95 602-870-4000
SIGNATURE AND TYPED OR PRINTED NAME OF JUNIOR OFFICER OR DIRECTOR DATE (Include Phone #)