

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**

DOCUMENT # P93000031838 (4)

95 MAY 10 AM 10:35

1. Corporation Name

LASERART CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2221 NORTH FORSYTH ROAD
UNIT A
ORLANDO FL 32807
US

Mailings Address

POST OFFICE BOX 4846
WINTER PARK FL 32790
US

(Type or write in this space)

3. Date of corporation's formation

04/21/1993

3a. Date of Last Report

07/25/1994

2. Principal Office

21 1544 PALMWOOD DR.

2a. Mailing Address

26 SAME

4. FIC Number

65-0418633

Applied For

Not Applicable

State of Incorporation

22 SARASOTA FL

State of Mailing

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34232

25 UEA

29

30

8. This corporation has liability for intangible tax under S. 198.03,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGREW, LISA L
401 SOUTH PALM AVENUE
SUITE 5
SARASOTA FL 34236

10. Name and Address of New Registered Agent

B1 Name

MCGREW, LISA L

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

1544 PALMWOOD DR.

B4 City

SARASOTA

FL

B5

34232

11. Pursuant to the provisions of Sections 198.03 and 198.04, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office in the State of Florida. This 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 Sections 198.03 and 198.04, Florida Statutes.

[Signature]

5/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

NAME	DP
NAME	MCGREW, LISA L.
STREET ADDRESS	401 SOUTH PALM AVENUE, SUITE 5
CITY	SARASOTA FL
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

NAME	DP
NAME	MCGREW, LISA L.
STREET ADDRESS	1544 PALMWOOD DRIVE
CITY	SARASOTA, FL 34232
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurate, honest and complete, and that I am duly qualified to be the registered agent for the corporation stated in Section 198.03 and 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 personally or directly for the corporation or the removal or election of officers or directors, and that my signature shall have the same legal effect as if made under oath. I am personally or directly for the corporation or the removal or election of officers or directors, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* President LISA L MCGREW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95 813-311-1931