

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000044453 (7)**

1. Corporation Name
CREATIVE LASER SPECIALISTS, INC.

Principal Place of Business

**6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US**

Mailing Address

**6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634-5180
US**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 03/12/1996
4. FEI Number 59-3201531		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**ALLWEISS, MICHAEL D.
4020 PARK STREET NORTH
SUITE 200
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name **Michael D. Allweiss, Esquire**
82 Street Address (P.O. Box Number is Not Acceptable) **111 - 2nd Avenue N.E., Suite 620**
83
84 City **St. Petersburg** **85 Zip Code** **FL 33701**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME KILICHOWSKI, WILLIAM S. STREET ADDRESS 6202 BENJAMIN ROAD, SUITE 100 CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C 1.2 NAME PETER J POCELLI JR 1.3 STREET ADDRESS 6202 BENJAMIN RD 1.4 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME WALFORD, MICHELE STREET ADDRESS 6202 BENJAMIN RD, STE 100 CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME JOHN R ANDERSON 2.3 STREET ADDRESS 6202 BENJAMIN RD 2.4 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE VP 3.2 NAME ROBERT HAGA 3.3 STREET ADDRESS 6202 BENJAMIN RD 3.4 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE VP 4.2 NAME PETER J PORCELLI SR 4.3 STREET ADDRESS 6202 BENJAMIN RD 4.4 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME MICHAEL D WALFORD 5.3 STREET ADDRESS 6202 BENJAMIN RD 5.4 CITY-ST-ZIP TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)