

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000044652 (4)**

1. Corporation Name

**PJP LASER COMPANY, INC.**

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

**06/16/1993**

3a. Date of Last Report

**03/12/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-3201529**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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**

FL

85 Zip Code  
**33701**

11. Pursuant to the provisions of Sections 607.0602 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	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, MICHELE A</b>	
STREET ADDRESS	<b>6202 BENJAMIN ROAD, STE. 100</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARRIS, BONNIE A.</b>	
STREET ADDRESS	<b>6202 BENJAMIN ROAD, SUITE 100</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>PORCELLI JR., PETER J.</b>	
STREET ADDRESS	<b>6202 BENJAMIN ROAD, SUITE 100</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>4t</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MICHELE WALFORD</b>	
1.3 STREET ADDRESS	<b>6202 BENJAMIN RD</b>	
1.4 CITY - ST - ZIP	<b>TAMPA, FL 33634</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JOHN R ANDERSON</b>	
2.3 STREET ADDRESS	<b>6202 BENJAMIN RD</b>	
2.4 CITY - ST - ZIP	<b>TAMPA, FL 33634</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROBERT HAGA</b>	
3.3 STREET ADDRESS	<b>6202 BENJAMIN RD</b>	
3.4 CITY - ST - ZIP	<b>TAMPA, FL 33634</b>	
4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PETER J PORCELLI SR</b>	
4.3 STREET ADDRESS	<b>6202 BENJAMIN RD</b>	
4.4 CITY - ST - ZIP	<b>TAMPA, FL 33634</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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

Day:me H:one #

*2.12.97*

CR2E034 (9/96)