

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000044652 (4)

1. Corporation Name

PJP LASER COMPANY, INC.

Principal Place of Business

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US

Mailing Address

6202 BENJAMIN ROAD
SUITE 100
TAMPA FL 33634
US

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

22 City & State

26 Suite, Apt. #, etc.

23 Zip

27 City & State

24 Country

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

ALLWEISS, MICHAEL D ESQ.
111 2ND AVE. NE STE 620
SUITE 200
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified

06/16/1993

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

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

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 607.0602 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, MICHELE A 6202 BENJAMIN ROAD, STE. 100 TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST NAME STREET ADDRESS CITY-ST-ZIP	WALFORD, MICHELE 6202 BENJAMIN RD TAMPA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, JOHN R 6202 BENJAMIN RD TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	HAGA, ROBERT 6202 BENJAMIN RD TAMPA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY-ST-ZIP	PORCELLI, PETER J SR 6202 BENJAMIN RD TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Chairman Peter J. Porcelli, Jr. 6202 Benjamin Rd. Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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:

4/24/98 813-887-1800

CR2E034 (10/97)