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

DOCUMENT # **P93000046923 (7)**

1. Corporation Name
LASER TIME CORPORATION

Principal Place of Business	Mailing Address
8483 S FEDERAL HWY SUITE 19 PORT ST LUCIE FL 34952	8483 S FEDERAL HWY SUITE 19 PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 07/19/1994
4. FEI Number: 65-0422119 — Applied For / Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt #, etc. (22) — Suite, Apt #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $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

MARDER, GARY
8483 S FEDERAL HWY
SUITE 19
PORT ST LUCIE FL 34952

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 607.0502 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARDER, GARY
STREET ADDRESS	ONE OCEAN LN.
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	MARDER, CAREN
STREET ADDRESS	ONE OCEAN LANE
CITY-ST-ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

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: G. Marder Dir — 4/26/95 — 407-340-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382002 CP