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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000029601**1. Corporation Name

LASER STAR TECHNOLOGIES, INC.

Principal Place of Business Mailing Address ' 4901 HOLLYWOOD BLVD 4801 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 04/19/1994		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0482601		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional
22	.,	27				5. Certifcate of Status Desired	Fee Re	quired
City & State	•	City & State				6. Election Campaign Financing	\$5.00	May Re
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Coi	untry		8. This corporation owes the current year Inte	angible	
24	25	29	30	·		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81	Name		•	
PERETZ, STEVEN I				82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
201 S BISCAYNE BLVD				02	Sileet Addit	ess (F.O. box Number is Not Acceptable)		
1970 MIAMI CENTER				83		A STATE OF THE STA	. C	(3) (8 m)
MIAMI FL 33131						The first state of the		188 18 (S)
				84	City	FL	85 Zip C	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorize	d by '	the corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its itment as reg	registered gistered
SIGNATURE								
				ared Agent signature required when reinstating) DATE 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	•	["] DECE IE	1.1 T				□ change	L Addition
NAME	PERETZ, DAVID			IAME				
STREET ADDRESS	4801 HOLLYWOOD BLVD	•	1.3 S	TREET	ADDRESS	•		-
CITY-ST-ZIP	HOLLYWOOD FL 33021		_	ITY-SI	T-21P			
TITLE		☐ DELETE	2.1 T	TILE			Change	Addition
NAME			2.2 N	IAME		•	•	
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP			2, 4 C/TY-ST-ZIP					
TITLE		☐ DELETE	3.1 T	ITLE			Change	☐ Addition
NAME	•		3.2 N	IAME				
STREET ADDRESS		•	3.3 S	TREET	ADDRESS			33:5:5: 1 4 }
CITY-ST-ZIP			3.4. 0	CITY-S	T- ZIP	<u> </u>	1 1	
TITLE		☐ DELETE	4.1 T	ITLE			Change .	` Addition
NAME			4.29	CIABAE				1

14. I hereby certify that the information supplied will flis 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 supplies and 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 of the receiver or thysice empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 or Ghapter 607, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

☐ DELETE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90027 028 ***150.00

Change

Change

☐ Addition

Addition