	PROFIT RPORATION UAL REPORT 1996		Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
DOCU 1. Corporation	MENT # P940	0000478	19 (5)		·	
LUMA	LABS. CORP.) (##)(##) 10 (##) (##)	BONG 2011 2011 0211 0211 021 1001 1000 1001 1000 1001	ı.
Principal Plac	ce of Business	Mailing A	ddress				
225 17TH AV ST. PETERS	venue s.e. Burg fl 33701	P.O. BO St. Peti	X 2144 Ersburg fl 3	3731			
2. Principal F	Place of Business	Do Mailin	a Address		3. Date Incorporated or 06/27/1994	Oualified 3a. Date of Last Report 07/19/1995	
21		2a. Mailin 26	g Address		4. FEI Number 59-3253828	Applied Fo	
Suite, Apt.	. #, etc	Suite,	Apt #, etc.		5. Certificate of Status [¢0.75	
City & Star	te	City &	State		6. Election Campaign Fr	nancing \$5.00 May Bo	
Z;p	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has		
24]	25 9. Name and Address of Co	29 urrent Registered A	gent	30	Florida Statutes	Yes No of New Registered Agent	
M	OCHA, DOUGLAS G			81 Name	TO. Walle and Address	or New Registered Agent	
	5 17TH AVENUE S.E. 7. PETERSBURG FL 33701			82 Street A	Address (P.O. Box Number is No	l Acceptable)	
31	. PETENODUNG PL 33/UT			83			
							- f
				84 City		85 Zip Code	
11. Pursuant office or i	to the provisions of Sections 607	7.0502 and 607.1508	, Florida Statut	1 1 1	corporation submits this statemer		eecl
11. Pursuant office or ragent 1 a	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the c	.0502 and 607.1508 State of Florida Such obligations of, Sectio	, Florida Statut i change was a n 607.0505, Flo	1 1 1	corporation submits this statemer tration's board of directors. There	FL 85 Zip Code It for the purpose of changing its registered accept the appointment as registered	e:c1
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if applicat:		es, the above-named outhorized by the corporida Statutes	required when reliestating)	PL	eich
11. Pursuant office or ragent I a SIGNATURE 12.	Signature, typed or printed name of registers OFFICERS D			es, the above-named of authorized by the corporida Statutes	required when reliestating)	PL	
SIGNATURE 12. TIFLE NAME	Signature, typed or printed name of registers OFFICERS D MOCHA, DOUGLAS G	ed agent and title if applicat:	le (NO	es, the above-named counthorized by the corporida Statutes IE. Registered Agent signature of 13. 1.1 TIFLE 1.2 NAME	required when reliestating)	PL	
SIGNATURE 12. Tifle	OFFICERS D MOCHA, DOUGLAS G 225 17TH AVENUE S.E.	ed agent and title if applicables AND DIRECTORS	le (NO	es, the above-named outhorized by the corporida Statutes 13. 11.1 TiffE 12 NAME 13 STREET ADDRESS	required when reliestating)	PL	1034 (3/96)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D MOCHA, DOUGLAS G 225 17TH AVENUE S.E. ST. PETERSBURG FL 333	ed agent and title if applicables AND DIRECTORS	le (NO	es, the above-named counthorized by the corporida Statutes IE. Registered Agent signature of 13. 1.1 TIFLE 1.2 NAME	required when reliestating)	PL Interpretable of the purpose of changing its registered should be purpose of changing its registered should be purposed from the appointment as registered parts. DATE DATE Add Change Add	populari (3/34)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D MOCHA, DOUGLAS G 225 17TH AVENUE S.E. ST. PETERSBURG FL 33: ST MOCHA, KIM	ed agent and title if applicables AND DIRECTORS	DELETE	es, the above-named cluthorized by the corporida Statutes 13. 1.1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME	required when reliestating)	PL Interpretable of the purpose of changing its registered should be purpose of changing its registered should be purposed from the appointment as registered parts. DATE DATE Add Change Add	982E034 (3/96)
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