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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000067642 (6) **DOCUMENT #**

AMAZING LASING, INC.

Principal Place of Business Mailing Address 8709 BANYAN CT. 8709 BANYAN CT. TAMARAC FL 33321 TAMARAC FL 33321

FILED Apr 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1994 2. Principal Place of Business 2s. Mailing Address 4, FEI Number Applied For 65-05 19887 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FILINGS INC. 3732 N.W. 16TH ST. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 83 City 85 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 Lorida. 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, typed or printed name of requirered agont and trie if applicable (NOTE: Registered Agent signature required wh OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change TITLE 1.1 TITLE WINKELMAN, JEFFEY NAME 12 NAME 8709 BANYAN ST. STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE STEINBERG, JANEE 2.2 NAME NAME 8709 BANYAN CT. STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL CITY - ST - ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5 1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - 2IP CITY - ST - ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - 7IP

14. Thereby 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:

and Techning

2-19-98