03-09-1999 90094 050 ***150.00

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 # P9400067642

 Corporation 	Name						
AMAZING LASING, INC.							
						<u>rila arini kada arini f</u> iriki f	H eid III i ee i
Principal Place of Business Mailing Address					((BB((BB))) o (#ii) a) at (ast) ast))	11515 1161 1501
8709 BANYAN CT. 8709 BANYAN CT.							
TAMARAC FL 33321 TAMARAC FL 33321					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					09/14/1994		*
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21	26				65-05 19887	Not	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	5. Certificate of Status Desired	\$8.75 A	
22 27					3. Certificate of Ottota Beamou	Fee Rec	quired
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution		Fees -
Zip				y	8. This corporation owes the current year		□No
24				Personal Property Tax.			
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	sa Agunt	
FILINGS INC.			Ľ				
3732 N.W. 16TH ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33311			83	3			
	D 10021101122 1 2 00011		L				
i			84	City	F	EL 85 Zip C	lode
11 Dureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the abov	/e-named.com	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was authi	onzed by	/ the corporation	on's board of directors. I hereby accept the ap	pointment as reç	jistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florida	Statutes	S.	•		}
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NQTE: Re	gistered Age	ent signature require	ad when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	₽ DELETE	1.1 TITLE			Change	Addition
NAME	WINKELMAN, JEFFEY	Deceased	1.2 NAME				
STREET ADDRESS	8709 BANYAN ST.	Keceusek	1.3 STREE	ET ADDRESS			j
CITY-ST-ZIP	TAMARAC FL		1.4 CITY- S	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	STEINBERG, JANEE		2.2 NAME				
STREET ADDRESS	8709 BANYÁN CT.		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMARAC FL		2,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	}		-	
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-		A Company		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				Í
STREET ADDRESS			4.3 STREE	ET ADDRESS			l
CITY-ST-ZIP		□ per eve	4.4 CITY-5			Chanca	Addition
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ MUDITION
NAME			5.2 NAME				
STREET ADDRESS	1			ET ADDRESS			(
CITY-ST-ZIP	-ZIP		5.4 CITY-9			☐ Change	☐ Addition
TITLE			6.1 TITLE			Change	☐ Maninou)
NAME			6.2 NAME	1			

CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS