FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000074971 (0)**

1. Corporation Name

LASER MARKING SOLUTION, INC.

Principal Place of Business	Mailing Address
7818 BAY CEDAR DR ORLANDO FL 32835	7818 BAY CEDAR DR ORLANDO FL 32835

3. Date Incorporated or Qualified: **10/10/1994**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-3279081** ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

WALKER, GERALD M
7818 BAY CEDAR DR
ORLANDO FL 32835

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 Section 607.0502 and 607.1605, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WALKER, GERALD M		2 NAME	
STREET ADDRESS	7818 BAY CEDAR DR.		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME			8 NAME	
STREET ADDRESS			9 STREET ADDRESS	
CITY-ST-ZIP			10 CITY-ST-ZIP	
TITLE		☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME			12 NAME	
STREET ADDRESS			13 STREET ADDRESS	
CITY-ST-ZIP			14 CITY-ST-ZIP	
TITLE		☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME			16 NAME	
STREET ADDRESS			17 STREET ADDRESS	
CITY-ST-ZIP			18 CITY-ST-ZIP	
TITLE		☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME			20 NAME	
STREET ADDRESS			21 STREET ADDRESS	
CITY-ST-ZIP			22 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Gerald M. Walker 4-6-96 (407) 297-9527

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

GERALD M. WALKER

CR2E034 (12/95)