SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000032658 (3)

1. Corporation Name

ACCURATE TONER & LASER TECHNOLOGIES, INC.

Principal Place of Business
3681 SOUTH WEST 23RD STREET
FORT LAUDERDALE FL 33312

Mailing Address
3681 SOUTH WEST 23RD STREET
FORT LAUDERDALE FL 33312

2. Principal Place of Business
21 1053 NW 53 St.
Suite, Apt #, etc
22
City & State
23 Ft. Lauderdale, FL
Zip
24 33309
Country
25 Broward

2a. Mailing Address
26 1053 NW 53 St.
Suite, Apt #, etc
27
City & State
28 Ft. Lauderdale, FL
Zip
29 33309
Country
30 Broward

3. Date Incorporated or Qualified: 04/24/1995
3a. Date of Last Report
4. FEI Number: 65-0576131 — Applied For / Not Applicable
5. Certificate of Status Desired: NO — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: NO — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MOURADIAN, JACK
3681 SOUTH WEST 23RD STREET
FORT LAUDERDALE FL 33312

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
SAME

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 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: NO
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MOURADIAN, JACK	
STREET ADDRESS	3681 SOUTH WEST 23RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	DELETE
NAME	LAWRENCE, SEDLEY	
STREET ADDRESS	527 NORTH WEST 47TH AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NO CHANGE

1.1 TITLE		Change / Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		Change / Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change / Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change / Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change / Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change / Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 7/3/96 — (954) 938-8577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK MOURADIAN