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 # **P95000050631**1. Corporation Name

LAZER BOLT TECHNOLOGIES, INC.

Principal Place	e of Business	Mailing Address			and and the strate truth wer sea.
ATTN: BERKLEY C. BADGER ATTN: BERKLEY C. BADGER					
600 BYPASS DRIVE. SUITE 210 600 BYPASS DRIVE. SUITE 21			10	DO NOT WRITE IN TH	IS SPACE
CLEARWATER FL 34624 CLEARWATER FL 34624			3. Date Incorporated or Qualifed	I O OI AGE	
				06/22/1995	ł
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	ace of Business	26		59-3329532	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22	,	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24 33	164 25	29 33764 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
DADOED DEDVIEV C			o i Name		
BADGER, BERKLEY C 600 BYPASS DRIVE			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
SUITE 210			83		<u></u>
CLEARWATER FL 34624			63		
CLEARWAILE I E 04024			84 City	F	L 85 Zip Code 3 3 764
44 👨	to the annihim of Sections 607 050	2 and 507 1509 Florido Statutos	the above-parried corr	poration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	nonzed by the corporati	on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE				<u></u>	
	Signature, typed or printed name of registered ager		egistered Agent signature require		AND DUDGOTODO IN 42
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D DADGED REDIGIES	□ DECE IE	1.1 TITLE		
NAME	BADGER, BERKLEY C		1.2 NAME		1
STREET ADDRESS	324 WESTGATE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE		DETEIL	2.2 NAME		
NAME				•	1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		İ
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			. 6.2 NAME		

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 of the corporation with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90140 027 ***150.00