

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000063052 (1)

1. Corporation Name
GENERAL LASER, INC.



Principal Place of Business: 251 NEWARK AVE. FT. WHITE FL 32038
Mailing Address: P.O. BOX 363 FT. WHITE FL 32038

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report
4. FET Number: 59-3368302
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: 21 Hwy 27 West
Suite, Apt. #, etc.:
22 City & State: FT White
23 Zip: 32038
Country:
24
2a. Mailing Address: 26
Suite, Apt. #, etc.:
27 City & State: 28
Zip: 29 Country: 30

g. Name and Address of Current Registered Agent
**GREENWOOD, BRUCE
251 NEWARK AVE.
FT. WHITE FL 32038**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): Hwy 27 West
B3
B4 City: FT White FL B5 Zip Code: 32038

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: _____ (NOTE: Register Agent Signature is required when resubmitting) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	1. TITLE	<input type="checkbox"/> DELETE
NAME	2. NAME	
STREET ADDRESS	3. STREET ADDRESS	
CITY-ST-ZIP	4. CITY-ST-ZIP	
TITLE	2. TITLE	<input type="checkbox"/> DELETE
NAME	22. NAME	
STREET ADDRESS	23. STREET ADDRESS	
CITY-ST-ZIP	24. CITY-ST-ZIP	
TITLE	3. TITLE	<input type="checkbox"/> DELETE
NAME	32. NAME	
STREET ADDRESS	33. STREET ADDRESS	
CITY-ST-ZIP	34. CITY-ST-ZIP	
TITLE	4. TITLE	<input type="checkbox"/> DELETE
NAME	42. NAME	
STREET ADDRESS	43. STREET ADDRESS	
CITY-ST-ZIP	44. CITY-ST-ZIP	
TITLE	5. TITLE	<input type="checkbox"/> DELETE
NAME	52. NAME	
STREET ADDRESS	53. STREET ADDRESS	
CITY-ST-ZIP	54. CITY-ST-ZIP	
TITLE	6. TITLE	<input type="checkbox"/> DELETE
NAME	62. NAME	
STREET ADDRESS	63. STREET ADDRESS	
CITY-ST-ZIP	64. CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce Greenwood* Pres, 4-8-96 904 497 3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)