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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063052

GENERA	L LASER, INC.				NITE OFFICE INTO CONS. DELICO ALON ABON
		····			
Principal Place	e of Business	Mailing Address			
U.S. 27 WEST FORT WHITE FI US	L 32038	P.O. BOX 363 FT. WHITE FL 32038 US		DO NOT WRITE IN T	HIS SPACE
-		C		3. Date Incorporated or Qualifed	
	SHME	\ SA	~_e	08/15/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 4 25 4	US 27	26 to Rox 30	<u> </u>	59-3368302	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	White FL	28 tor two, t	e FC	-6,-Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 3203	8 25 USA	29 52038	30 UŚA	Personal Property Tax.	☐ Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
0.05	ENIMOND PRINCE		81 Name		
	ENWOOD, BRUCE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
U.S. 27 WEST					
FUR	T WHITE FL 32038		83		
		Same	84 City		EL 85 Zip Code
11. Pursuant	the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purposion's board of directors. I hereby accept the ap	of changing its registered
office of a	registered age/it, or both, in the state nm/familian/with, and agcapt the being	e of Florida. Such change was at rations of, Section <u>607</u> .0505, Flor	ida Statutes.	on's board of directors. Thereby accept the a	pointinen as registered
SIGNATIONE	8/////47/////////	TUCE (MICE	NWOOL Tre	sident Teb 13	רברי
NOTE: Re			Registered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P P P P P P P P P P P P P P P P P P P	₩ DELETE	1.1 TITLE		
NAME	GREENWOOD, BRUCE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WHITE FL 32038	☐ DELETE	1.4 CITY-ST-2)P 2.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE		Detere	2 2 NAME		<u></u>
I NAME	1		2.3 STREET ADDRESS		
STREET ADDRESS					
TITLE		☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
			3.2 NAME		
NAME OTDEST ADDOSESS			3.3 STREET ADDRESS		
STREET ADDRESS)		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME					
STREET ADDRESS			4.2 NAME		
3 INCC I ADDINESS	1		4. 2 NAME 4.3 STREET ADDRESS		ł
COVET 700			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE			4.3 STREET ADDRESS 4.4 City-St-ZiP		☐ Change ☐ Addition
TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	<u>.</u>	☐ Change ☐ Addition
TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	·	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	·	

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 control or the receiver or trustee empowered to exemple this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS