


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am

Secretary of State

• PROFIT • CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA6000042882 1. Corporate Name PASCO LASER, INC			
Principal Place of Business 38336 5th Ave ZEPHYRHILLS, FL 33541		Mailing Address PO Box 1196 ZEPHYRHILLS, FL 33539-1196	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	MAY 20 196	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-338 0317	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Ameri LAWYER		Robert G. WATTERS	
343 ALMERIA Ave		38652 Piedmont Ave	
Coral Gables, FL 33134		ZEPHYRHILLS FL 33540	
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 obligation of, Section 607.0505, Florida Statutes.			
SIGNATURE: R G Watters			
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> DELETE NAME PRESIDENT STREET ADDRESS PAULING M. WATTERS CITY-ST-ZIP 38652 Piedmont Ave ZEPHYRHILLS, FL 33540		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME Treasurer STREET ADDRESS ROBERT G. WATTERS CITY-ST-ZIP 38652 Piedmont Ave ZEPHYRHILLS, FL 33540		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME Secretary STREET ADDRESS Robert G. WATTERS CITY-ST-ZIP 38652 Piedmont Ave ZEPHYRHILLS, FL 33540		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10/97 813 782 8866

Date Daytime Phone #

CR2E034 (9/96)