

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 JUL 15 AM 9:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000075046 (8)

1. Corporation Name
LASER BUS LINES, INC.



Principal Place of Business: 4490 35TH ST ORLANDO FL 32811
Mailing Address: 4490 35TH ST ORLANDO FL 32811-6504

3. Date Incorporated or Qualified: 09/06/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 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 [X] No

2. Principal Place of Business
21 1477 W. GORE ST.
22 Suite, Apt. #, etc.
23 ORLANDO, FL
24 Zip 32806 25 Country USA
26 1477 W. GORE ST.
27 Suite, Apt. #, etc.
28 ORLANDO, FL
29 Zip 32806 30 Country USA

9. Name and Address of Current Registered Agent
SCHAMBON, CLARA U
4490 35TH ST
ORLANDO FL 32811
NEW ADDRESS →

10. Name and Address of New Registered Agent
81 Name: CLARA U. SCHAMBON
82 Street Address (P.O. Box Number is Not Acceptable): 1477 W. GORE ST.
83 [Blank]
84 City: ORLANDO, FL 85 Zip Code: 32805

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-------------------|--------------------------|
| TITLE | D | <input type="checkbox"/> |
| NAME | SCHAMBON, CLARA U | |
| STREET ADDRESS | 4490 35TH ST | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-----------------------|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 600002241256--7 | | |
| 1.4 CITY-ST-ZIP | -07/18/97--01067--006 | | |
| 2.1 TITLE | ****165.00 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | ****165.00 | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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 on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: 7-17-97

CR2E034 (9/96)