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

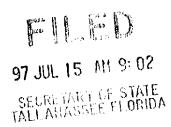
DOCUMENT # P96000075046 (8)
LASER BUS LINES, INC.

Principal Place of Business

4400 OCTU OT

Mailing Address

4490 35TH ST





ORLANDO FL 32811		ORLANDO FL 32811-6504			
				3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	I. GORE ST	4. FEI Number NOT APPLICAS	Applied For
Suite, Apt	7 W. GORE ST.	26 1477 U Suite, Apt. #, etc.	7, 10ice 3	NOI APPLICAD	Not Applicable \$8.75 Additional
2	π, σιc.	27		5. Certificate of Status Desired	Fee Required
City & State City & State City & State City & City & State CITY & City & State City &				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZE ^{Zip} ≥	806 25 USA	1	30 Country		Yes 🔯 No
	9, Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Reg	<u> </u>
	IAMBON, CLARA U		B1 Name	LLARA U. SCHA	SMBON
	O 35TH ST ANDO FL 32811	W ADDRESS	82 Street Add	dress (P.O. Box Number is Not Acceptable 477 W. GORE	\$7.
			84 City	RLANDO,	FL 85 Zip Code 3 2 كارى
11. Pursuant	to the provisions of Sections 607,0502	and 607,1508, Florida Statute	s, the above named col	rporation submits this statement for the p	urpose of changing its registered
antice or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Horida. Such change was a	utborized by the coroors	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE.	art accopy the oblige	mono di, deditiri dari oddo, rie	, roa o latatoo.		
SIGNATURE.	Signature, typed or printed name of registered age	it and tille if applicable (NO16	Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
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NAME	SCHAMBON, CLARA U		1.2 NAME		De Propinsion - Pr
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CITY-ST-ZIP			6.4 C(1Y - \$1 - 7(P		

information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as it made under on I am an officer or director of the corporation or the receivor or frustoe 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.