

FILE FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROPI CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094798 (1)

1. Corporation Name
USA LASER, INC.

Principal Place of Business 6202 BENJAMIN ROAD, SUITE 100 TAMPA FL 33634	Mailing Address 6202 BENJAMIN ROAD, SUITE 100 TAMPA FL 33634-5180
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3418727		Applied For		Not Applicable	
22 City & State	27 City & State	6. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent ALLWEISS, MICHAEL D ESO. 4020 PARK STREET NORTH, SUITE 202 ST, PETERSBURG FL 33709				10. Name and Address of New Registered Agent			
				81 Name Michael D. Allweiss, Esquire			
				82 Street Address (P.O. Box Number is Not Acceptable) 111 - 2nd Avenue N.E., Suite 620			
				83			
				84 City St. Petersburg			
				85 Zip Code FL 33701			

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, 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PETER J PORCELLI JR
STREET ADDRESS		1.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOHN R ANDERSON
STREET ADDRESS		2.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT HAGA
STREET ADDRESS		3.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PETER J PORCELLI SR
STREET ADDRESS		4.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MICHELE WALFORD
STREET ADDRESS		5.3 STREET ADDRESS	6202 BENJAMIN RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: 2.12.97

CR2E034 (9/96)