

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014877

FIRST CHOICE LASER, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 037 ***150.00



Principal Place of Business
4035 NE 10TH AVE
OAKLAND PARK FL 33334

Mailing Address
4035 NE 10TH AVE
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0736129	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RICHARD H. HARRIS & ASSOCIATES, P.A. 4901 NW 17TH WAY SUITE 406 FT LAUDERDALE FL 33483				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

1. 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS							
TITLE	P	<input type="checkbox"/> DELETE					
NAME	CIANI, GARY						
REET ADDRESS	4035 NE 10TH AVE						
TY-ST-ZIP	OAKLAND PARK FL 33334						
TITLE		<input type="checkbox"/> DELETE					
NAME							
REET ADDRESS							
TY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
REET ADDRESS							
TY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
REET ADDRESS							
TY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
REET ADDRESS							
TY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

4. 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 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]* 6-30-99 954-561-0143

0067311

CR2E034 (5/99)

583451-900/6-37
P97000014877

FIRST CHOICE LASER, INC.
4035 N.E. 10th Avenue
Oakland Park, Florida
33334

Office (954) 568-2154

Fax (954) 568-5427

June 30, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

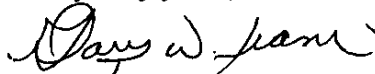
Dear Sir or madam:

On June 30th, 1999, I received a 2nd notice for my annual report. I never received the first report. This is the only report ever received by my office. I contacted the registered agent, (my account) and asked his staff if they received it by mistake. They advised me they never received the document either.

I apologize for any inconvenience this may cause you, but the above facts are true.

Thank you for your kind consideration to this matter.

Very truly yours,


Gary W. Ciani