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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 15 1998 8:00am

Secretary of State

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023460 (3)

LASER MANAGEMENT SERVICES USA, INC.

6202 BENJAMIN ROAD 6202 BENJAMIN ROAD SUITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 03/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3429747 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 □ No 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALLWEISS, MICHAEL D ESQ. 111 2ND AVENUE N.E. Street Address (P.O. Box Number is Not Acceptable) SUITE 620 83 ST PETERSBURG FL 33701 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition Chairman 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 DELETE Addition TITLE 21 TITLE Change NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE __ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 City-St-7iP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

8/3-887-/800

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE