

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000027108

1. Corporation Name

LAXER TECHNOLOGIES, INC.

Principal Place of Business

146 GIRALDA BLVD., N.E.  
ST. PETERSBURG FL 33704

Mailing Address

146 GIRALDA BLVD., N.E.  
ST. PETERSBURG FL 33704

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DANO, KERRY M  
146 GIRALDA BLVD NE  
ST PETERSBURG FL 33704

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	146 GIRALDA BLVD., N.D.	1.2 NAME		
CITY-ST-ZIP	ST. PETERSBURG FL 33704	1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

14. 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, with all other like empowered.

SIGNATURE:

Kerry M. Dano 3-22-99 727-821-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90031 042 \*\*\*150.00

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