


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

02-24-1999 90094 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034243

1. Corporation Name

LASER RECHARGE SYSTEMS, INC.

Principal Place of Business

3103 N.W. 108TH AVENUE
SUNRISE FL 33351

Mailing Address

3840 HERON RIDGE LANE
WESTON FL 33331
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

65-0746136

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HONIG, GARY D ESQ.
 1250 E. HALLANDALE BEACH BLVD. PENTHOUSE
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name Elliott Starman
 82 Street Address (P.O. Box Number is Not Acceptable)
11401 Biscayne Blvd
 83 MIAMI
 84 City MIAMI FL 85 Zip Code 33181

11. Pursuant to the provisions of Sections 607.0402 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

4/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARMAN, ELLIOTT	1.2 NAME	
STREET ADDRESS	11401 BISCAYNE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARMAN, STANLEY	2.2 NAME	
STREET ADDRESS	11401 BISCAYNE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARMAN, PAUL	3.2 NAME	
STREET ADDRESS	11401 BISCAYNE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARMAN, ANITA	4.2 NAME	
STREET ADDRESS	11401 BISCAYNE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

305 895 0202

Daytime Phone #

CR2E034 (1/98)