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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 3640 HERON RIDGE LANE WESTON FL 33331 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25	30

3. Date Incorporated or Qualified 04/15/1997	4. FEI Number 65-0746136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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: *Elliott Starman* DATE: **4/2/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STARMAN, ELLIOTT	
STREET ADDRESS	11401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARMAN, STANLEY	
STREET ADDRESS	11401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARMAN, PAUL	
STREET ADDRESS	11401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARMAN, ANITA	
STREET ADDRESS	11401 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-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	

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: *Elliott Starman* DATE: **4/2/99** Daytime Phone #: **305 895 0202**

CR2E034 (1/98)