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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000039224 (5)

1. Corporation Name

LASERVICE ENTERPRISES, INC.

Principal Place of Business

18742 SW 105 PLACE
MIAMI FL 33157

Mailing Address

18742 SW 105 PLACE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

4. FEI Number

65-0753937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GRIFFITH, JEFFREY D
935 MAIN ST
SUITE A-2
SAFETY HARBOR FL 34895

10. Name and Address of New Registered Agent

81 Name

KATHLEEN L. GALLO

82

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

7840 SW 180 TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33157

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

Kathleen L. Gallo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRIFFITH, JEFFREY D
STREET ADDRESS 935 MAIN ST, SUITE A-2
CITY-ST-ZIP SAFETY HARBOR FL 34895

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME JEFFREY D. GRIFFITH
1.3 STREET ADDRESS 3102 HAVEMORE DRIVE
1.4 CITY-ST-ZIP CLEARWATER, FL 34621

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME KATHLEEN L. GALLO
2.3 STREET ADDRESS 7840 SW 180 TERRACE
2.4 CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D V
3.3 STREET ADDRESS JOSE PELAEZ
3.4 CITY-ST-ZIP 4503 SW 79TH TERRACE
MIAMI, FL 33173

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Jeffrey D. Griffith

JEFFREY D. GRIFFITH

2/25/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0223183

CR2E034 (10/97)