

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073803 (3)

1. Corporation Name
LUMIDISC, INC.



Principal Place of Business

Mailing Address

5704 BAYWATER DR
TAMPA FL 33615

5704 BAYWATER DR
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13560 WRIGHT CIRCLE		26 SAME		08/26/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State TAMPA, FL		28 City & State		69-346-4146	
24 Zip 33626		30 Country USA		Applied For	
25 Country USA		31 Country		Not Applicable	
26 Country		32 Country		5. Certificate of Status Desired	
27 Country		33 Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
28 Country		34 Country		6. Election Campaign Financing	
29 Country		35 Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30 Country		36 Country		8. This corporation owes or has paid the current year Intangible	
31 Country		37 Country		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREAE, DOUGLAS R
5704 BAYWATER DR
TAMPA FL 33615

81 Name	DOUGLAS R. ANDREAE
82 Street Address (P.O. Box Number is Not Acceptable)	5704 BAYWATER DR.
83	
84 City	TAMPA
85 State	FL
86 Zip Code	33615

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 DOUGLAS R. ANDREAE DATE 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS R. ANDREAE	1.2 NAME	
STREET ADDRESS	5704 BAYWATER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID G. ANDREAE	2.2 NAME	
STREET ADDRESS	11077 GRATIOT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT, MI 48213	2.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONORE A. ANDREAE	3.2 NAME	
STREET ADDRESS	5704 BAYWATER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS R. ANDREAE	4.2 NAME	
STREET ADDRESS	5704 BAYWATER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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.

CFR2E034 (10/97)