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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000088089 (2)

LASER TECH SPECIALISTS, INC.

FILED Apr 24 1998 8:00am Secretary of State



954-755-7723

Principal Place of Business Mailing Address						ı ağını donu odiği iğini ibni balaı iğini itni ibil	
	WEST 92NO TERRACE	259 NORTHWEST 92ND TERRACE					
CORAL SPRINGS FL 33071		CORAL SPRINGS F	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qual		
					10/13/1997		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0787	640 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	d S8.75 Additional	
22		27			5. Continuate of States Desire	Fee Required	
City & State		City & State		6. Election Campaign Financ	~		
23 Country		Zip Country		Trust Fund Contribution	Added to Fees		
Zip 24	Country	Zip		пy	8. This corporation owes or h Personal Property Tax due	as paid the current year Intangible June 30. Yes No	
[24]	25 25 Name and Address of Curre	nt Registered Agent	30		10. Name and Address of Ne		
	MERILAWYER			Name			
343 ALMERIA AVENUE				Gary Carin			
CORAL GABLES FL 33134			{	82 Street Address (P.O. Box Number is Not Acceptable)			
CONAL GABLES PL 33134			1	33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1			 -	<u> </u>			
			1	City C	ral Springs	FL 85 Zip Code 33021	
11. Pursuant t	to the provisions of Sections 607.056	02 and 607.1508, Florida S t	iutes, the abo	ove-named c	ornoration submits this statement for	the purpose of changing its registered	
office or re	agistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change w jations of, Section 607.0505	as authorized , Florida Statu	by the corpo	oration's beard of directors. Thereby	accept the appointment as registered	
SIGNATURE	Gary Car		,	270	y dulin	4/14/98	
OIGHATIONE	Signature, typed or partied name of registered ag	ent and title it applicable	NOTE: Registered	Ngent signature re	equired where enstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12	
TITLE	PD			l.		Change Addition	
NAME	CARLIN, GARY DRESS 259 NORTHWEST 92ND TERRACE		1.2 NAN	1			
STREET ADDRESS				EET ADDRES\$			
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33071	DELETE	1.4 C(T) 2.1 T)TL	- ST- ZIP		Change Addition	
NAME	FEDAS, EDWARD J		2.1 III.			C) change C Addition	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY-ST-ZIP				
TITLE	SD	DELETE	3.1 TITL			Change Addition	
NAME	FEDAS, KAREN		3.2 NAM	- 1			
STREET ADDRESS	259 NORTHWEST 92ND TE	ERRACE		ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			r-ST-ZIP		Ì	
TITLE	10	DELETE	4.1 TITL			Change Addition	
NAME	CARLIN, AMY		4. 2 NA	AE			
STREET ADDRESS	259 NORTHWEST 92ND TE	RRACE	4.3 STR	ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 3307		4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITL			☐ Change ☐ Addition	
NAME			5.2 NAM	ie			
STREET ADDRESS			5.3 STR	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- ST - ZIP			
TITLE		DELETE	6.1 TiTL		· _ · · · _ 	Change Addition	
NAME			6.2 NAM	IE .			
STREET ADDRESS			6.3 STR	ET ADDRESS			
CITY-ST-ZIP			,	-ST-ZIP			
14. Thereby c	ertify that the information supplied v	vith this filing does not quality and applications and applications.	ly for the exen	nption stated	in Section 119.07(3)(i), Florida Statu	tes. I further certify that the information t as if made under oath; that I am an	