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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90026 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027909

1. Corporation Name
LASER ATLANTIC, INC.

Principal Place of Business
2263 WEST NEW HAVEN AVE., STE. 369
WEST MELBOURNE FL 32951

Mailing Address
2263 WEST NEW HAVEN AVE., STE. 369
WEST MELBOURNE FL 32951



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1998

4. FEI Number

59-3504456

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 the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1686 W. HIBISCUS BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME DAUGHERTY, GREG
STREET ADDRESS 130-B VERSAILLES DR.
CITY-ST-ZIP MELBOURNE FK 32901

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME DAUGHERTY, LORI
STREET ADDRESS 130-B VERSAILLES DR.
CITY-ST-ZIP MELBOURNE FK 32901

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
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 its 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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-89-99 407-255-2775
Date Daytime Phone #

0118/14

CR2E034 (1/98)