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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90033 025 ***150.00

DOCUMENT # **P98000037710**

1. Corporation Name
LABELLE LASER SERVICES, INC.

Principal Place of Business	Mailing Address
3100 WOOD'S WAY #2 GULF BREEZE FL 32561	3100 WOOD'S WAY #2 GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/24/1998

2. Principal Place of Business	2a. Mailing Address
21 GULF BREEZE FL.	26 1158 BELDEN LANE
Suite, Apt. #, etc. 22 1158 BELDEN LANE	Suite, Apt. #, etc. 27
City & State 23 GULF BREEZE FL.	City & State 28 GULF BREEZE FL.
Zip / Country 24 32561 / 25 SANTA ROSA	Zip / Country 29 32561 / 30 SANTA ROSA

4. FEI Number: 59-3523307 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

LABELLE, JOHN
3100 WOOD'S WAY #2
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: LABELLE JOHN
82 Street Address (P.O. Box Number is Not Acceptable): 1158 BELDEN LANE
83
84 City: GULF BREEZE FL 85 Zip Code: 32561

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LABELLE, JOHN 3100 WOOD'S WAY #2 GULF BREEZE FL 32561	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1158 BELDEN LANE GULF BREEZE FL. 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SAVAGE, CATHY 3100 WOOD'S WAY #2 GULF BREEZE FL 32561	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1158 BELDEN LANE GULF BREEZE FL. 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LABELLE, TERRY 934 OVERTON STREET AKRON OH 44319	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: John LaBelle JOHN LABELLE 4/22/99 850-916-0842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #