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May 07, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000077925

1. Corporation Name
PREMIERE/LASEROMICS, INC.

Principal Place of Business

401 MARILYN LANE
DAVENPORT FL 33837

Mailing Address

401 MARILYN LANE
DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3534967

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

21 6399 142nd Ave, North

Suite, Apt. #, etc.

22 Suite 116

City & State

23 Clearwater, Florida

Zip

24 33760

Country

25 USA

2a. Mailing Address

26 141 5th Street, NW

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Wink-Haven, Florida

Zip

29 33881

Country

30 USA

9. Name and Address of Current Registered Agent

HAYES, ROBERT S
441 W VINE STREET
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name Brian R. Govoni

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

141 5th Street, NW - Suite 100

83

84 City Wink-Haven

FL

85 Zip Code 33881

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)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SPECK, ARTHUR
STREET ADDRESS 401 MARILYN LANE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE VSD ☒ DELETE

NAME SPECK, LAURA
STREET ADDRESS 401 MARILYN LANE
CITY-ST-ZIP DAVENPORT FL 33837

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Brian R. Govoni 4/30/99 (941) 294-5925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)