

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # S75246 (6)**

1. Corporation Name

**LAZERLAND ENTERPRISES INC.**

Principal Place of Business

Mailing Address

**209 9TH ST.  
MIAMI BEACH FL 33139**

**209 9TH ST.  
MIAMI BEACH FL 33139**



2. Principal Place of Business

2a. Mailing Address

21 **227 9th Street**

26 **227 9th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2nd floor**

27 **2nd floor**

City & State

City & State

23 **Miami Beach FL**

28 **Miami Beach FL**

Zip

Country

Zip

Country

24 **33139**

25 **USA**

29 **33139**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAIR, WENDY V  
5415 COLLINS AVE., #407  
MIAMI BEACH FL 33140**

81 Name **BLAIR STEPHAN, WENDY BLAIR**

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

**49 NE 47 Street**

83

84 City **Miami**

FL

85 Zip Code

**33137**

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

*Wendy Blair*

(If Officer, Registered Agent signature required when registering)

**6/6/96**

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE  
NAME **STEPHAN, MARK A.**  
STREET ADDRESS **742 10TH ST., #109**  
CITY - ST - ZIP **MIAMI BEACH FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **STEPHAN, MARK A.**  
1.3 STREET ADDRESS **49 NE 47 Street**  
1.4 CITY - ST - ZIP **MIAMI, FL 33137**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mark A. Stephan*

**Mark A. Stephan**

**6-6-96**

**305 6736570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)