## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

S82232

(7)

DOCUMENT # S82

1. Corporation Name

LASER APPLICATIONS, INC.

LASER APPLICATIONS, INC.								
Principal Place of Business Mailing Address  3732 BRYN MAWR STREET GRIANDO FL 92908  Mailing Address  4732 BRYN MAWR STREET ORLANDO FL 92908					4 18 81 18 18 18 118 126 12 19 19 19 19 19 19 19 19 19 19 19 19 19			
		<b>.</b>	l sone 4li		3. Date Incorporated or Qualified 09/24/1991	3a. Date of Last 03/02/		
Principal Tayle of Busin-889r Applications, Inc.     Northpark Commerce Cent     6371 N. Orange Blossom T		nc. 2a. Mailing	Laser Applic Northpark C	Ommerce Cost	4. FEI Number	Applied For		
			6371 N. Ora Orlando, PL	nge Blossom T	7au 59-3090219		Not Applicable	
Suite, Orlando, FL 32810		Steriol	(407) 200-00	336	5. Certificate of Status Desired		75 Additional e Required	
2 APPLICAT	7/6 (407) 290-0336 +0 N 5 (407) 295-2602 Fax	City & State	5 (407) 295-21	02 Fax	6. Election Campaign Financing			
City & State	, , , === =====	28			Trust Fund Contribution		ded to Fees	
Zip	Country	Z <sub>i</sub> p	Country	/ - N	8. This corporation has liability fo		s 199.032,	
24	25 1154	29	30	15H		s 🗌 No		
	9. Name and Address of C	Current Registered Agent		<del></del>	10. Name and Address of New	Registered Agent		
			81	Name				
	DALE U.		82	Street Addre	988 (P.O. Box Number is Not Accepta	able)		
4224 CLUB HOUSE RD.				<u> </u>				
ORLANI	OO, F; FL 32808		83					
			84	City		FL 85	Zip Code	
	typiature, typed or printed name of register	ed agent and tife if applicable IRS AND DIRECTORS	(NOTE: Registered Ag	ont signature required	when renstating  ADDITIONS/CHANGES TO OF	DATE FEICERS AND DIREC	TORS IN 12	
TILE	D	RS AND DIRECTORS	1 1 TITLE		ADDITIONS/OFFANGED TO OF	☐ Chang		
NAME	CHANG, DALE U.		12 NAME				!	
STREET ADDRESS	4224 CLUB HOUSE R	D.		1 ADDRESS				
C-1Y-ST-ZIP	ORLANDO FL		1.4 CITY	ST-ZIP				
TITLE	D	☐ DELETE	2 1 TiTt			Chang	ge 🔲 Addition	
NAME	CHANG, KAY H.		2 2 NAME					
STREET ADDRESS	2900 SUN BITTERN C	OURT	2.3 STRE	ET ADDRESS				
CITY - S1 - ZIP	ORLANDO FL	Drutte	24 CITY			Chang	ge Addition	
TITLE		☐ DELFTE	3 1 TITLE 3 2 NAMI				,,,	
NAME OTRECE PORTION				ET ADDRESS				
STREET ADDRESS  CITY-ST-ZIP			3 4 CITY					
TITLE			4. 1 TiTL			Chang	ge 🔲 Addition	
NAME			4.2 NAM					
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP				
TITLE		☐ DELETE	5 1 TITE			Chan	ge 🔲 Addition	
NAME			. 5.2 NAM					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP		DELETE	5 4 CITY 6 1 TITL			[↑] Chan	nge	
TOTUE			6 2 NAM	ļ				
NAME Orbital Appresso				ET ADDRESS				
STREET ADDRESS				- ST-ZIP				
CITY-ST-ZIP	certify that the information su	pplied with this filing is voluntarily t	furnished and do	es not qualify t	for the exemption stated in Section 1	19.07(3)(k), Florida St	atutes. I further	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/15/98 (407)290-0336

R2E034 (12/95)