Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90112 026 ***150.00

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

DOCUMENT # **\$82232**

1. Corporation Name

LASER A	APPLICATIONS, INC.						
Principal Place	e of Business	Mail	ing Address		_		
6371 N. ORANGE BLOSSOM TRAIL 6371 N. ORANGE BLOSS			N. ORANGE BLOSSOI	I TRAIL			
ORLANDO FL 32810 ORLAN			LANDO FL 32810				DO NOT WOTE IN THE SPACE
US		US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							09/24/1991
2. Principal Place of Business 2a. Mailing Add			Mailing Address	Address			4. FEI Number Applied For
2. Fillicipai Fi	lace of Edulicas	<u> </u>	26				59-3090219 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Etection Campaign Financing \$5.00 May Be
13		28					Trust Fund Contribution Added to Fees .
Zip	Country		Zip	Cou	ntry	_	8. This corporation owes the current year Intangible
24 25		29	29 30				Personal Property Tax. Yes No
	9. Name and Address of Current	t Registe	ered Agent			1-51	10. Name and Address of New Registered Agent
CHA	NC DALETI			:	81	Name	
CHANG, DALE U 4224 CLUB HOUSE RD.			82			Street Ad	ddress (P.O. Box Number is Not Acceptable)
	ANDO FL 32808						
UND	ANDO FL 32808				83		
					84	City	85 Zip Code
	<u>jangen en je</u>					L	orporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State of maniliar with, and accept the obligat	of Florida	ı. Such change was a	uthorized	ı DV	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if a	applicable. (NOTE	: Registered	Ager	nt signature requ	quired when reinstating) DATE
12.	OFFICERS AN	D DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TI	ΠE		☐ Change ☐ Addition
NAME	CHANG, DALE U.			1.2 NA	WE		
STREET ADDRESS	4224 CLUB HOUSE RD. 13		1.3 S1	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CI	TY-S	T-ZIP	The state of the s
TITLE	D		☐ DELETE	2.1 TT	2.1 TITLE		Change Addition
NAME	CHANG, KAY H.			2.2 N	ME		,
STREET ADDRESS	2900 SUN BITTERN COURT			2.3 ST	REE	TADORESS	
CITY-ST-ZIP	ORLANDO FL		-, ·	2.4 C	ΠY- \$	ST-ZIP	
TITLE			☐ DELETE	3.1 TF			☐ Change ☐ Addition
NAME	1			3.2 N	ME	l	
STREET ADDRESS				3.3 S	REE	TADDRESS	
CITY-ST-ZIP_			<u> </u>			ST-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 31			Change Addition
NAME				4. 2 N		į.	
STREET ADDRESS						TADDRESS	•
CITY-ST-ZIP			[] beleve	_		T-ZP	☐ Change ☐ Addition
TITLE	{		☐ DELETE	5.1 TI			☐: Citatige ☐ Madillott
NAME				5.2 N		TADODECC	·
STREET ADDRESS						T ADDRESS	•
CITY-ST-ZIP			Delete	5.4 CI 6.1 TI		ST-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	6.2 NJ			
NAME	Į.			Q.2 NJ	TAIL	1	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RWRYOURED