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

1. Corporation Name

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90119 046 ***150.00

LASER E	ENERGETICS, INC.								
Principal Place of Business Mailing Address							OLEN STON BION I		
4044 QUAKERBRIDGE ROAD 4044 QUAKERBRIDGE ROAD MERCERVILLE NJ 08619 MERCERVILLE NJ 08619			AD			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/18/1991			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	 	plied For	
21		26				59-3093561		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	T	Additional equired	
City & Stat	te	· - City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		intry		8. This corporation owes the current year i		□	
		29				Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registere	a Agent		
WAI	EE DOREDT COA			["]	Name				
WOLFE, ROBERT CPA 101 SUNNYTOWN ROAD, STE 200				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
CASSELBERRY FL 32707				83					
OA3	SEEDERIN TE SETOT								
				84	City	F		Code	
agent. I a						coration submits this statement for the purpose of on's board of directors. I hereby accept the application of the purpose of			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
ππLE	PSTD DELETE 1.1T		TLE			Change	☐ Addition		
NAME	BATTIS, ROBERT D		AME						
STREET ADDRESS	4044 QUAKERBRIDGE ROAD		1.3 \$	REET	ADORESS				
CITY-ST-ZIP	THE TOTAL THE COURT OF THE COUR		TY-ST	r-ZIP					
TITLE	☐ DELETÉ 2.1 T		TLE		•	☐ Change	☐ Addition		
NAME			2.2 N	AME					
STREET ADDRESS			2.3 5	REET	ADDRESS				
CITY-ST-ZIP			_	πy-s			Channa	Addition	
TITLE	-	- Dinerele	DELETE - 3.1 TITLE 3.2 NAMI		•	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
NAME									
STREET ADDRESS			3.3 STREE						
CITY-ST-ZIP				3.4. CITY-ST-ZIP			☐ Change	Addition	
TITLE		C) DELETE	4.1 TITLE 4.2 NAME				□ cuange	☐ Addiddii	
NAME			1						
STREET ADDRESS	1				ADDRES\$				
CITY-ST-ZIP		☐ DELETE	4.4 C	TY-SI	r-ziP		☐ Change	Addition	
TITLE		□ nere:c	5.1 II 5.2 N						
NAME					ADDRESS				
STREET ADDRESS					r-ZIP				
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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP