## 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 # V37388

LASER AUTOMATED SYSTEMS ENGINEERING (L.A.S.E.),

Principal Place of Business

Mailing Address

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90064 004 \*\*\*150.00



9650 S. OCEAN BLVD #1510 JENSEN BEACH FL 34957		JENSEN BEACH FL 34957			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					05/15/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	. 33
21		26			65-0335561	No	t Applicable	Ξ.
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		-11
22		27	7		5. Certifcate of Status Desired Fee Required			iı
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	i
Zip	Country Zip		Cou	ntry	8. This corporation owes the current year Intangible			ı
24 25		29	30		Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		ı
	÷ ' 15'			81 Name				ı
	ETRO, FRANK A.			82 Street Add	dress (P.O. Box Number is Not Acceptable)			ı
9650	S. OCEAN BLVD #1510	*s		Oli eet Ad	1 10 1 20 1 10 1 10 1 10 10 10 10 10 10 10 10 10	Sec. 2012 2 301	- <del>20 2 . 1/23</del>	ł
JEN:	SEN BEACH FL 34957			83	· · · · · · · · · · · · · · · · · · ·		1313到6	ł
				-	The state of the s	85 Zip (	2000	ł
				84 City	FL	85 Zip (	Joue	l
11 Pursuant	to the provisions of Sections 607,0502	2 and 607.1508. Florida Statut	es, the al	ove-named co	rporation submits this statement for the purpose of c	hanging its	registered	l
	egistered agent, or both, in the State of m familiar with, and accept the obligat	M Florida. Such change was a	いけいへいてき	ny the comora	tion's board of directors. I hereby accept the appoint	ment as re	gistered	ł
agent, Ta	m familiar with, and accept the obligat	ions of, Section 607.0005, Fio	iida Stati	nes.	•			ł
SIGNATURE	Clarature based as arished name of registered agent	and title if applicable (NOTE	Registered	Agent signature requi	ired when reinstating) DATE			=
Signature, typed or printed name of registered agent and title if applicable. (NOTI  12. OFFICERS AND DIRECTORS			13.	, igoni organica o conju	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	Ø
TITLE	DP	☐ DELETE	1,1 TI	le le	Programme Company	Change	☐ Addition	Ξ
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NAME	•			REET ADDRESS				8
STREET ADDRESS							•	5
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			6.3 5	REET ADDRESS				
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CITY, ST. 7IP	1		¥.10	- · - · - ·				_

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: