

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 29, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # J71360 (8)**  
1. Corporation Name  
**ADVANCED LASER SYSTEMS TECHNOLOGY, INC.**



Principal Place of Business Mailing Address  
**6880 EDGEWATER COMMERCE PKWY., SUITE 500 ORLANDO FL 32810** **6880 EDGEWATER COMMERCE PKWY., SUITE 500 ORLANDO FL 32810**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1987</b>	3a. Date of Last Report <b>04/11/1995</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2808669</b>	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCKINNEY, ROBERT EDWIN</b> <b>6880 EDGEWATER COMMERCE PARKWAY, SUITE 500</b> <b>ORLANDO FL 32810</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, ROBERT EDWIN	1.2 NAME	
STREET ADDRESS	6880 EDGEWATER COM PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAR, DENNIS R.	2.2 NAME	
STREET ADDRESS	6880 EDGEWATER COM PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, RANDEL W.	3.2 NAME	
STREET ADDRESS	6880 EDGEWATER COM PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATLEY, JIM D.	4.2 NAME	
STREET ADDRESS	6880 EDGEWATER COM PKWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert E. McKinney* Robert E. McKinney President April 23, 1996 (407)295-5878

CR2E034 (12/95)