

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38986 (6)

1. Corporation Name:
AMGLO KEMLITE LABORATORIES, INC.
(HALOGEN DIVISION)



Principal Place of Business: **6787 ENTERPRISE BLVD. LARGO FL 34649**
Mailing Address: **6787 ENTERPRISE BLVD. LARGO FL 34649**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 30

3. Date Incorporated or Qualified: **05/21/1992**
3a. Date of Last Report: **07/06/1995**
4. FEI Number: **36-2981045** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
HYLAND, JAMES H.
1460 GULF BLVD., #903
CLEARWATER FL 34630

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	IZABELLA, DURBIN	
STREET ADDRESS	215 GETWAY ROAD	
CITY-STATE-ZIP	BENSENVILLE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KERCHENFAUT, LARRY A.	
STREET ADDRESS	215 GATEWAY RD.	
CITY-STATE-ZIP	BENSENVILLE IL 60106	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMZA, IZABELLA	
STREET ADDRESS	215 GATEWAY ROAD	
CITY-STATE-ZIP	BENSENVILLE, IL 60106	
TITLE	C; P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HLAND, JAMES H.	
STREET ADDRESS	1460 GULF BLVD. #903	
CITY-STATE-ZIP	CLEARWATER, FL 34630	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 an attachment with an address.

SIGNATURE: *Larry A. Kerchenfaut*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

CR2E034 (12/95)