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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90021 050 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P38986**

1. Corporation Name
AMGLO KEMLITE LABORATORIES, INC.



Principal Place of Business: 8787 ENTERPRISE BLVD. LARGO FL 34649
 Mailing Address: 8787 ENTERPRISE BLVD. LARGO FL 34649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8787 Enterprise Blvd.		26 8787 Enterprise Blvd.		05/21/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-2981045	
City & State		City & State		Applied For	
23 Largo, FL.		28 Largo, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33773		29 33773		X <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes the current year Intangible Personal Property Tax.	
21 8787 Enterprise Blvd.		26 8787 Enterprise Blvd.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27			
City & State		City & State			
23 Largo, FL.		28 Largo, FL			
Zip		Zip			
24 33773		29 33773			
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYLAND, JAMES H. 103 MORGAN DR BELLEAIR BCH FL 34634				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
Largo, FL.		33773		FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEIGEL, IZABELA			1.2 NAME	VEIGEL, IZABELA		
STREET ADDRESS	1460 GULF BLVD #903			1.3 STREET ADDRESS	12400 Enterprise Blvd.		
CITY-ST-ZIP	CLEARWATER FL 34630			1.4 CITY-ST-ZIP	LARGO, FL. 33773		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERCHENFAUT, LARRY A.			2.2 NAME			
STREET ADDRESS	215 GATEWAY RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BENSENVILLE IL 60106			2.4 CITY-ST-ZIP			
TITLE	CP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYLAND, JAMES H			3.2 NAME			
STREET ADDRESS	103 MORGAN DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BCH FL 34634			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE *[Signature]* DATE 2/5/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Katherine Harris Day/Me Phone # 630/355-9470

CR2E034 (1/98)