

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -6 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H32272 (7)**

1. Corporation Name  
**VISION ENGINEERING LABORATORIES, INC.**

Principal Place of Business      Mailing Address  
**8787 ENTERPRISE BLVD. LARGO FL 34643**      **8787 ENTERPRISE BLVD. LARGO FL 34643**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/30/1984**      **08/10/1994**

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

4. FEI Number      Applied For  
**59-2481810**       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. 199.012 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  
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: \_\_\_\_\_ (Signature of Registered Agent and the Corporation)      (Signature of Registered Agent upon renewal or resignation)

12. OFFICERS AND DIRECTORS

TITLE	<b>CDP</b>
NAME	<b>HYLAND, JAMES H</b>
STREET ADDRESS	<b>1460 GULF BLVD.</b>
CITY & STATE	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>KERCHENFAUT, LARRY A</b>
STREET ADDRESS	<b>215 GATEWAY ROAD</b>
CITY & STATE	<b>BENSENVILLE IL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>V.P.</b>
13 STREET ADDRESS	<b>IZABELLA DURNIN</b>
14 CITY & STATE	<b>215 GETWAY RD.</b>
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	<b>BENSENVILLE, IL 60106</b>
17 STREET ADDRESS	
18 CITY & STATE	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY & STATE	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY & STATE	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY & STATE	

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)(a), Florida Statutes. I further certify that the information expires on the annual report or supplemental annual report in this and accurate and that my resignation shall have the same legal effect as if made in accordance with 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 of this report or on an attachment with an address.

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

6/28/95      708/350-9470

CR2E034 (3/95)