

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90021 049 ***158.75

DOCUMENT # H32272

1. Corporation Name

VISION ENGINEERING LABORATORIES, INC.



Principal Place of Business

8787 ENTERPRISE BLVD.
LARGO FL 33073

Mailing Address

8787 ENTERPRISE BLVD.
LARGO FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1984

4. FEI Number

59-2481810

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8787 ENTERPRISE BLVD.

Suite, Apt. #, etc.

22 City & State

23 LARGO, FL.

Zip

24 33773

Country

25 USA

2a. Mailing Address

26 8787 ENTERPRISE BLVD.

Suite, Apt. #, etc.

27 City & State

28 LARGO, FL.

Zip

29 33773

Country

30 USA

9. Name and Address of Current Registered Agent

HYLAND, JAMES H
103 MORGAN DR
BELLEAIR BCH FL 34634

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KERCHENFAUT, LARRY A
STREET ADDRESS 215 GATEWAY ROAD
CITY-ST-ZIP BENSENVILLE IL 60106 ☐ DELETE

TITLE VP
NAME REMZA, IZABELLA
STREET ADDRESS 1460 GULF BLVD, UNIT 903
CITY-ST-ZIP CLEARWATER FL 34630 ☒ DELETE

TITLE CP
NAME HYLAND, JAMES H
STREET ADDRESS 103 MORGAN DR
CITY-ST-ZIP BELLEAIR BCH FL 34634 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE VP
2.2 NAME VEIGEL, IZABELA
2.3 STREET ADDRESS 12400 ENTERPRISE BLVD.
2.4 CITY-ST-ZIP LARGO, FL. 33773 ☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

630/350-9470

CR2E034 (11/98)