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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H32272**

1. Corporation Name
VISION ENGINEERING LABORATORIES, INC.



Principal Place of Business Mailing Address
8787 ENTERPRISE BLVD. 8787 ENTERPRISE BLVD.
LARGO FL 33773 LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1984

2. Principal Place of Business
21 8787 ENTERPRISE BLVD.

2a. Mailing Address
26 8787 ENTERPRISE BLVD.

4. FEI Number
59-2481810

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State
23 LARGO, FL.

27 City & State
28 LARGO, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip Country
33773 USA

29 Zip Country
33773 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

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

Date

2/5/99

Daytime Phone #

630/250-9470

CR2E034 (11/98)