


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
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DOCUMENT # J33784

1. Corporation Name

Liquid Filtration Consultants North America, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 305 B. Scarlet Blvd. Suite, Apt. #, etc.	26 305 B. Scarlet Blvd. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Oldsmar, FL	28 Oldsmar, FL
24 34677 Country	29 34677 Country
25 Pinellas	30 Pinellas

3. Date Incorporated or Qualified	4. FEI Number	Applied For
9/16/1986	59-2722381	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes the current year Intangible Personal Property Tax.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Additional Fee Required		
\$8.75		
\$5.00 May Be Added to Fees		

Hickman, Hiram P.
347 Bailey Court
Palm Harbor, FL 34684

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
Hamilton, Theodore J., Esquire	400 N. Tampa Street, Suite 2625 Park Tower		Tampa	FL 33602

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 Theodore J. Hamilton
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7/2/99

12. OFFICERS AND DIRECTORS	
TITLE	PT <input checked="" type="checkbox"/> DELETE
NAME	Hickman, Hiram P.
STREET ADDRESS	347 Bailey Court
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dedert, Thomas W.
1.3 STREET ADDRESS	20000 Governors Drive
1.4 CITY-ST-ZIP	Olympia Fields, IL 60461-1074
2.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lorig, Alan S.
2.3 STREET ADDRESS	20000 Governors Drive
2.4 CITY-ST-ZIP	Olympia Fields, IL 60461-1074
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Veldkamp, Frank
3.3 STREET ADDRESS	20000 Governors Drive
3.4 CITY-ST-ZIP	Olympia Fields, IL 60461-1074
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Schuuring, Robert
4.3 STREET ADDRESS	20000 Governors Drive
4.4 CITY-ST-ZIP	Olympia Fields, IL 60461-1074
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5000029293881-1
5.3 STREET ADDRESS	-07/13/99--01034--001
5.4 CITY-ST-ZIP	*****61.25 *****61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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: Thomas W. Dedert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99

705-747-7000

CR2E034 (11/98)