


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K38297** (3)  
1. Corporation Name  
**KEMIRON INC.**

Principal Place of Business  
**316 BARTOW AIRPORT  
BARTOW FL 33830**

Mailing Address  
**316 BARTOW AIRPORT  
BARTOW FL 33830**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1988</b>	
21	22	26	27	4. FEI Number <b>23-2559926</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25	29	30	9. Name and Address of Current Registered Agent		
<b>BRITT, DANIEL L 316 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HJERSTED, LAWRENCE N.</b>	1.2 NAME	
STREET ADDRESS	<b>1848 MAHAFFEY CIR.</b>	1.3 STREET ADDRESS	<b>625 Peninsular Dr.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHRIEBER, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>271 WOLFER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST LOUIS MI 63026</b>	2.4 CITY-ST-ZIP	<b>St. Louis, MO 63026</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HJERSTED, NORMAN</b>	3.2 NAME	
STREET ADDRESS	<b>706 MASSACHUSETTS</b>	3.3 STREET ADDRESS	<b>3211 Clinton Pkwy Court Suite 1</b>
CITY-ST-ZIP	<b>LAWRENCE KS 66044</b>	3.4 CITY-ST-ZIP	<b>Lawrence, KS 66047</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDSTETTER, HUGO</b>	4.2 NAME	
STREET ADDRESS	<b>1800 N CLARK</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60614</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRITT, DANIEL</b>	5.2 NAME	
STREET ADDRESS	<b>5510 MYRTICE LN</b>	5.3 STREET ADDRESS	<b>406 Anderson Dr.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKER, JOHN P</b>	6.2 NAME	
STREET ADDRESS	<b>543 PENINSULAR DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	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.

SIGNATURE:

*Daniel Britt*

3/21/98

(941)5335990

CR2E034 (10/97)