

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90268 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000773

1. Corporation Name
CALIFORNIA EASTERN LABORATORIES, INC.



Principal Place of Business 445 DOUGLAS AVE., STE 2005-19 ALTAMONTE SPRINGS FL 32714	Mailing Address 445 DOUGLAS AVE., STE 2005-19 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/10/1998

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 4590 Patrick Henry Drive 27 Suite, Apt. #, etc. 28 Santa Clara, CA 29 95054 Country 30 Santa Clara
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4. FEI Number 94-1508560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSON, TERRY M
445 DOUGLAS AVE., STE 2005-19
ALTAMONTE SPRINGS FL 32714

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, CARL A	1.2 NAME	Burmeister, Robert A.
STREET ADDRESS	4590 PATRICK HENRY DRIVE	1.3 STREET ADDRESS	4590 Patrick Henry Drive
CITY-ST-ZIP	SANTA CLARA CA	1.4 CITY-ST-ZIP	Santa Clara, CA 95054
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDEN, JERRY A	2.2 NAME	Burkett, Mark
STREET ADDRESS	4590 PATRICK HENRY DRIVE	2.3 STREET ADDRESS	4590 Patrick Henry Drive
CITY-ST-ZIP	SANTA CLARA CA	2.4 CITY-ST-ZIP	Santa Clara, CA 95054
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	WALSH JR, BERNARD L	3.2 NAME	
STREET ADDRESS	4590 PATRICK HENRY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MINEO, AKIRA	4.2 NAME	
STREET ADDRESS	4590 PATRICK HENRY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MCCARVER, MICHAEL D	5.2 NAME	
STREET ADDRESS	4590 PATRICK HENRY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert W. Diles Robert W. Diles, CFO 2/16/99 (408) 988-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)