

3-16-98 B-3328 - C

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

FILED  
Mar 16 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
---	---	---

**DOCUMENT # F93000000358 (2)**  
1. Corporation Name  
**EPL BIO-ANALYTICAL SERVICES, INC.**



Principal Place of Business <b>6535 COOK ROAD CLERMONT FL 34711</b>	Mailing Address <b>PO BOX 771084 WINTER GARDEN FL 34777-1084 US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/14/1993</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number <b>37-1209690</b>		Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>WOODWARD, CHRISTOPHER L. 6535 COOK RD CLERMONT FL 34711</b>				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number Is Not Acceptable)		83		84 City	
<b>Braverman, Michael P.</b>		<b>6535 Cook Road</b>				<b>CLERMONT FL 34711</b>	

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: Michael Braverman DATE: 2/2/98

Signature typed or printed name of the person and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PC WOOLSON, EDWIN A</b>	1.2 NAME	
STREET ADDRESS	<b>2275 VALLEYVIEW PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DECATUR IL 62522</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FERRELL, JOHN F</b>	2.2 NAME	
STREET ADDRESS	<b>38777 OLD WHEATLAND ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERFORD VA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD KEYSER, JAY B</b>	3.2 NAME	
STREET ADDRESS	<b>2004 MEADOWOOD LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARSHALL VA 22115</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Edwin A. Woolson **Edwin A. Woolson** 2/9/98 217-963-2143

CR2E034 (10/97)