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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300000358

1. Corporation Name

EPL BIO	-Analytical Services, in	IC.				
Principal Place	e of Business	Mailing Address		E INDIANTA SILE LUCAN ILINA UNITH A	IBINI ud ini ab nik bolih nojaa n	IMI MIIMI (MII IORE
6535 COOK ROAD PO BOX		PO BOX 771084 WINTER GARDEN FL 3477	7-1084	DO NOT WA	RITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	1	
				01/14/1993		İ
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
21		26		37-1209690		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- 11-1	5. Certificate of Status Desired	1 1	Additional Required -
City & Stat	8	City & State	- ·	6. Election Campaign Financing	\$5.0	0 May Be
23		28		Trust Fund Contribution	1 1	d to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur		
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Current		130	10. Name and Address of New		
			81 Name		<u> </u>	
BRA	VERMAN, MICHAEL P			James J. Harder		
6535	COOK RD		82 Street Add	dress (P.O. Box Number is Not Accep 6535 Cook Road	table)	
	RMONT FL 34711		83	G JOS COOK KORU	· · · · · · · · · · · · · · · · · · ·	
	· - ·					
			84 City	Clermont	FL- 85 Zi	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	les, the above-named cor	moration submits this statement for the	numose of changing	ts registered
office or n agent. I a SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was a copy of, Section 607.0505, Florida and title if applicable (NOTE	nuthorized by the corporatorida Statutes. E: Registered Agent signature requires	rporation submits this statement for the tion's board of directors. I hereby acce acceptable to the state of the red when reinstating)	e purpose of changing opt the appointment as	registered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Edewin all adoon