

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JUL 28 PM 2:03

DOCUMENT # K89594 (1)  
1. Corporation Name  
ADPEN LABORATORIES INC.

Principal Place of Business

11757 CENTRAL PKWY  
JACKSONVILLE FL 32224  
US

Mailing Address

11757 CENTRAL PKWY  
JACKSONVILLE FL 32224  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 01/23/1996
4. FEI Number 59-2961743	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

PEREZ, ROLANDO  
3064 CYPRESS CREEK DRIVE NORTH  
PONTE VEDRA BEACH FL 32082

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ROLANDO 3064 CYPRESS CREEK DR N PONTE VEDRA BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	400002251654-82 -07/29/97-01129-022 ****173.75 ****173.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMS PEREZ, MARIA JULIA 3064 CYPRESS CREEK DR N PONTE VEDRA BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Maria Julia Perez* MARIA JULIA PEREZ 7/24/97 904-645-9169

CR2E034 (4/97)

**ADPEN**  
**LABORATORIES INC.**

ADVANCED PESTICIDE & ENVIRONMENTAL ANALYTICAL SERVICES

2082

July 14, 1997

Division of Corporations  
Annual Reports Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen,

On January 2, 1997, we sent our Profit Corporation Annual Report Application together with our Check #5972, for \$173.75, copies of which I am enclosing.

In looking through my bank statements, I have found that this check has not been processed, however, the application for another corporation that we have, did go through and we did receive the certificate of status for it.

In speaking with one of your representatives, I was informed that in January some of the applications were damaged, and I believe that may have been the case with the application for ADPEN Laboratories, Inc.

Therefore, I am enclosing my check for \$173.75, for filing 1997 Annual Report for ADPEN Laboratories, Inc.

If you have any questions, please feel free to call me. I will be expecting my certificate of status from your shortly..

Sincerely,



Maria J. Perez  
General Manager