

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Morsam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:53

DOCUMENT # **F94000006090 (4)**

1. Corporation Name

ANDRULIS RESEARCH CORPORATION

Principal Place of Business

Mailing Address

4600 EAST WEST HWY., STE. 900
BETHESDA MD 20814

4600 EAST WEST HWY., STE. 900
BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/29/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. 2800 Shirlington Road

26. 2800 Shirlington Road

32-0936370- 52-0936370

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. Suite 900

27. Suite 900

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

23. Arlington, VA

28. Arlington, VA

Zip

Country City

Zip

Country City

24. 22206

25. of Alexandria

29. 22206

30. of Alexandria

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

N/A

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

Registration type or printed name of registered agent and title (if applicable)

(82)(1) Registered Agent signature required when reconstituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: ANDRULIS, PETER J JR, PHD
STREET ADDRESS: 4500 EAST-WEST HWY., STE. 900
CITY, ST, ZIP: BETHESDA MD 20814

1.1 TITLE: Change Addition
1.2 NAME: See attached
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:

TITLE: CEO/D
NAME: ANDRULIS, MARILYN W PHD
STREET ADDRESS: 4500 EAST-WEST HWY., STE. 900
CITY, ST, ZIP: BETHESDA MD 20814

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:

TITLE: D
NAME: BRUNNER, MICHAEL A
STREET ADDRESS: 7209 MASTERS DR.
CITY, ST, ZIP: POTOMAC MD 20854

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:

TITLE: DP
NAME: CHISHOLM, DAVID C
STREET ADDRESS: 4600 EAST-WEST HWY., STE. 900
CITY, ST, ZIP: BETHESDA MD 20814

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:

TITLE: D
NAME: GRAY, JOHN E
STREET ADDRESS: 508 QUEEN ST.
CITY, ST, ZIP: ALEXANDRIA VA 22314

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:

TITLE: D
NAME: NASHMAN, ALVIN E
STREET ADDRESS: 3170 FAIRVIEW PARK DR.
CITY, ST, ZIP: FALLS CHURCH VA 22040

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 140 (2)(6)(b), 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 person 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 addition in with an address.

SIGNATURE

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 703-820-3204
Date Telephone #

F94000006090

**ANDRULIS Research Corporation
Corporate Officers**

01/01/95

Marilyn W. Andrulis, Ph.D.
Chairman and Chief Executive Officer
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:907-3770 Office
301:718-2416 Fax

David C. Chisholm
Director, ARC
President and Chief Operation Officer
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:657-1700 Office
301:718-2416 Fax

John H. Quinn, Jr., Esq.
Secretary, ARC
Quinn, Racusin & Gazzola Chartered
1401 H Street, N.W., Suite 510
Washington, D.C. 20005-2110
202:842-9300 Office
202:682-0148 Fax
Assistant: Betty White

Robert W. Ramsay
Vice President,
Information Technology
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:657-1700 Office
301:657-3555 Fax

Robert E. Rhode, Jr.
Vice President,
Advanced Programs
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:657-1700 Office
301:657-3555 Fax

F9400006090

**ANDRULIS Research Corporation
Board of Directors**

01/01/95

Marilyn W. Andrulis, Ph.D.
Chairman and Chief Executive Officer
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:907-3770 Office
301:718-2416 Fax

Peter J. Andrulis, Jr., Ph.D.
Director, ARC
President and Chief Executive Officer
Andrulis Pharmaceuticals Corporation
11800 Baltimore Avenue, Suite 113
Beltsville, Maryland 20705
301:419-2400 Office
301:419-3056 Fax

David C. Chisholm
Director, ARC
President and Chief Operation Officer
ANDRULIS Research Corporation
4600 East-West Highway, Suite 900
Bethesda, Maryland 20814
301:657-1700 Office
301:718-2416 Fax

John E. Gray
Director, ARC
508 Queen Street
Alexandria, Virginia 22314
703:548-8189
703:684-5953 Fax

Dr. Alvin E. Nashman
Director, ARC
Member of the Board of Directors
Computer Sciences Corporation
3170 Fairview Park Drive
Falls Church, Virginia 22042
703:641-2021 Office
703:849-1002 Fax
Assistant: Sally Stevenson

John H. Quinn, Jr., Esq.
Secretary, ARC
Quinn, Racusin & Gazzola Chartered
1401 H Street, N.W., Suite 510
Washington, D.C. 20005-2110
202:842-9300 Office
202:682-0148 Fax
Assistant: Betty White

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:26

DOCUMENT # **F94000006222 (3)**

1. Corporation Name

AN-CON GENETICS, INC.

Principal Place of Business

7100 30TH AVENUE NORTH
ST. PETERSBURG FL 33710-2902

Mailing Address

7100 30TH AVENUE NORTH
ST. PETERSBURG FL 33710-2902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

11-2644611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

21

26

4

Applied For

Not Applicable

22

27

5

\$8.75 Additional
Fee Required

23

28

6

\$5.00 May Be
Added to Fees

24

25

29

30

8

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUNNINGHAM, DELTON N
7100 30TH AVENUE NORTH
ST. PETERSBURG FL 33710-2902

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 maintaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAKRIDES, ANDREW
STREET ADDRESS 7100 30TH AVENUE N
CITY- ST- ZIP ST. PETERSBURG FL 33710-2902

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VD
NAME SARON, J. ROBERT
STREET ADDRESS 9907 ASHLEY DRIVE
CITY- ST- ZIP SEMINOLE FL 34842

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ST
NAME CUNNINGHAM, DELTON N
STREET ADDRESS 7500 NORMANDY CT
CITY- ST- ZIP SEMINOLE FL 34842

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ~~PEISER, ROBERT N~~
NAME ~~PEISER, ROBERT N~~
STREET ADDRESS 1940 BOCA CHICA ISLE DRIVE
CITY- ST- ZIP ST. PETERSBURG FL 33708

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/21/95 8133842323
DATE (Typed Name #)

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 32 PM 1:29

DOCUMENT # F94000006354 (4)

1. Corporation Name
VAGRANT GROUP, INC.

Principal Place of Business Mailing Address
**P.O. BOX 6661 P.O. BOX 6661
LAKELAND FL 33807 LAKELAND FL 33807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/13/1994

4. FCI Number Applied For
59-3256117 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 90064** 26 **P.O. Box 90064**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **LAKELAND, FL.** 28 **LAKELAND, FL.**
Zip Country Zip Country
24 **33804** 25 **USA** 29 **33804** 30 **USA**

9. Name and Address of Current Registered Agent
**WOLFE, LARRY
200 A JOHN KNOX RD.
TALAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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 consolidating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCSD
NAME	FAISON, DANA
STREET ADDRESS	2351 CHESTNUT HILLS DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	KIMBERLY FAISON
2.4 CITY - ST - ZIP	2351 CHESTNUT HILLS DR. LAKELAND FL.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* **DANA FAISON** 660-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 12: 54

DOCUMENT # **F94000006366 (8)**

1. Corporation Name
GARLUALA, INC.

Principal Place of Business Mailing Address
**1419 FLOWER AVE.
PANAMA CITY FL 32401** **1419 FLOWER AVE.
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		63-0738260		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKENDREE, STEVE 1419 FLOWER AVE. PANAMA CITY FL 32401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 the 4 applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENDREE, STEVE	1.2 NAME	
STREET ADDRESS	1419 FLOWER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENDREE, DAYNA	2.2 NAME	
STREET ADDRESS	1419 FLOWER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition.

SIGNATURE: **STEVE MCKENDREE** *[Signature]* **3/28/95** **904 769 9551**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Telephone Number