

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

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95 APR 26 PM 3:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **H06535** (9)
 1. Corporation Name
BIONOMICS LABORATORY, INC.

Principal Place of Business Mailing Address
4310 E. ANDERSON ROAD ORLANDO FL 32812-7304
4310 E. ANDERSON ROAD ORLANDO FL 32812-7304

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

3. Date Incorporated or Qualified **05/29/1984** 3a. Date of Last Report **02/15/1994**
 4. FEI Number **59-2420478** 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
 6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALT, RICHARD
4225 INWOOD LANDING DRIVE
ORLANDO FL 32812

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 the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALT, RICHARD
STREET ADDRESS	4225 INWOOD LANDING DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	C
NAME	HIGGINS, MIKE
STREET ADDRESS	2233 TOMLYNN ST
CITY - ST - ZIP	RICHMOND VA
TITLE	TS
NAME	TROTTER, MITCH
STREET ADDRESS	2233 TOMLYNN ST
CITY - ST - ZIP	RICHMOND VA
TITLE	V
NAME	KROMS, MARK
STREET ADDRESS	699 RICH DR.
CITY - ST - ZIP	OVIEDO FL
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	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALT, Richard	
1.3 STREET ADDRESS	4225 Inwood Landing Dr.	
1.4 CITY - ST - ZIP	Orlando, FL 32812	
2.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sharlene Alt	
2.3 STREET ADDRESS	4225 Inwood Landing Dr.	
2.4 CITY - ST - ZIP	Orlando, FL 32812	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete	
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: Richard Alt 4-18-95 409-851-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Plain #)
RICHARD ALT, PRESIDENT