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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06535

- BIONOMICS LABORATORY, INC. BLIGON, INC. (9)

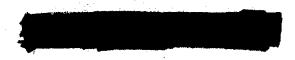
Principal Place of Business

Mailing Address

AND E ANDERSON BOAD

4310 E. ANDERSON BOAD

FILED Apr 16 1997 8:00am Secretary of State



ORLANDO FL 32812-7304		ORLANDO FL 32812-7304				
			·	3. Date incorporated or Qualified 05/29/1984	3a. Date of Last Report 03/29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2420478	Not Applicable	
Suite, Apt #, elc		Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired Fee Required	
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
2ip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Re	gistered Agent	
ALT.	RICHARD		81 Name			
4225	INWOOD LANDING DRIVE		82 Street	Address (P.O. Box Number is Not Acceptat	ole)	
ORL	ANDO FL 32812			and the second s	<u> </u>	
			83	•		
	•		84 City		85 Zip Code	
11. Pursuant to office or to agent I a	to the provisions of Sections 607, egistered agent, or both, in the S m fam-liar with, and accept the of	0502 and 607.1508, Florida Statu tate of Florida. Such change was oligations of, Section 607.0505, Fl	ites, the above-named authorized by the cor forida Statutes.	corporation submits this statement for the poration's board of directors. I hereby accel	ourpose of changing its registered pt the appointment as registered	
SIGNATURE	Marine					
12.	Signalian, typied or print dinamin of registered OFFICERS	AND DIRECTORS (NO	TE Registered Agent signatur 13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12	
Till l	PC	DELETE	1.1 TITLE	1.0011010/011/1020 10 0111	CERS AND DIRECTORS IN 12 Change Addition	
NAME	ALT, RICHARD	_	1.2 NAME			
STREET ADORESS	4225 INWOOD LANDING D	R	1.3 STREET ADDRESS			
0(1 y - ST - ZIP	ORLANDO FL	•	1.4 CITY-ST-ZIP			
THLE	TS	DELETE	2.1 TITLE		Change Addition	
NAME	alt, sharlene		2.2 NAME			
STREET ADDRESS	4225 INWOOD LANDING D	R	2.3 STREET ADDRESS			
CITY+ST+ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP			
THLE	V	DELETE	3.1 TITLE		Change Addition	
NAME	KROMIS, MARK		3.2 NAME			
STREET ADDRESS	889 RICH DR.		3.3 STREET ADDRESS			
CHY-S1-ZiP	OVIEDO FL	DELETE	3.4. CITY - ST - ZIP		Change Addition	
1-TLE NAME		FM DECER	4.1 T(TLE 4.2 NAME	1	Find though Fit voring)	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CHY-ST-ZiP			4.4 CITY - ST - ZIP			
TillE		DELETE	5.1 TITLE		Change Addition	
NAMI			5.2 NAME		M_{\perp}	
STREET ADDRESS			5.3 STREET ADDRESS		10 " M	
CITY ST-ZP			5.4 CITY - ST - ZIP		- MINI	
TITLE		DELETE	6.1 TITLE		Change Adulibn	
NAME			6.2 NAME	00000214	155 <u>6</u> 0	
STREET ATIORESS			63 STREET ADDRESS	-04/17/97010	03017	
CiTY - ST - ZiP			6.4 CITY - ST - ZIP	00000214 -04/17/97010 ***165.00		

14. If 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 of on an attachment with an address.

SIGNATURE: