

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N35057** (1)

1. Corporation Name

ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.



Principal Place of Business	Mailing Address
% JOHN B. HEPPNER 1911 S.W. 34TH ST. GAINESVILLE FL 32608	PO BOX 141210 GAINESVILLE FL 32614-1210 US

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
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/02/1989	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2989991	Applied For Not Applicable
5. Certificate of Status Desired <input 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 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
HEPPNER, JOHN B. 1911 S.W. 34TH ST. GAINESVILLE FL 32608	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DSTC	1.2 NAME	N/A
STREET ADDRESS	HEPPNER, J.B.	1.3 STREET ADDRESS	DVP
CITY-ST-ZIP	101 NW 28TH TERRACE	1.4 CITY-ST-ZIP	Emmel, Thomas C.
	GAINESVILLE FL		Dept. of Zoology, UF
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	2.2 NAME	N/A
STREET ADDRESS	DAVIS, DON R.	2.3 STREET ADDRESS	Nielke, P.H.H.
CITY-ST-ZIP	DEPT OF ENTOMOLOGY, 10TH & CONSTITUTION	2.4 CITY-ST-ZIP	Zoology Dept., Univ. Fed.
	WASHINGTON DC		Curitiba, Pr, Brazil
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	3.2 NAME	N/A
STREET ADDRESS	ELIAZAR, P. J	3.3 STREET ADDRESS	Munroe, E.G.
CITY-ST-ZIP	UNIF OF FL, DEPT OF ZOOLOGY	3.4 CITY-ST-ZIP	R.R. 2
	GAINESVILLE FL		Dunrobin, ON, Canada
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	4.2 NAME	
STREET ADDRESS	DRUMMOND, B. A	4.3 STREET ADDRESS	
CITY-ST-ZIP	P. O. BOX 9081	4.4 CITY-ST-ZIP	
	WOODLAND PARK CO		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	5.2 NAME	
STREET ADDRESS	LAMAS, GERADO	5.3 STREET ADDRESS	
CITY-ST-ZIP	MUSEO HISTORIA NATURAL, APDS 14-0434	5.4 CITY-ST-ZIP	
	LIMA, PERU		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	TURNER, JON D.	6.3 STREET ADDRESS	
CITY-ST-ZIP	310 COLE DR SE	6.4 CITY-ST-ZIP	
	HUNTSVILLE AL		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (352)
3/14/97 322-3505 x139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)