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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002482 (5)
 1. Corporation Name

FLORIDA RESEARCH INSTITUTE, INC.



Principal Place of Business 2306 S.W. 13TH STREET #806 GAINESVILLE FL 32608	Mailing Address 2306 S.W. 13TH STREET #806 GAINESVILLE FL 32608
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3. Date Incorporated or Qualified 05/09/1996	Applied For Not Applicable
4. FEI Number 59-3378527	

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

LYONS-LEPKE, ELAINE M
2306 S.W. 13TH STREET #806
GAINESVILLE FL 32608

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 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	
TITLE	D <input type="checkbox"/> DELETE
NAME	LEPKE, JOHN
STREET ADDRESS	2610 S.W. 14TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	PSTD <input type="checkbox"/> DELETE
NAME	LYONS-LEPKE, ELAINE M
STREET ADDRESS	2610 S.W. 14TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	C <input type="checkbox"/> DELETE
NAME	LYONS-LEPKE, ELAINE M
STREET ADDRESS	2610 S.W. 14TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	VD <input type="checkbox"/> DELETE
NAME	LYONS, KENNETH J
STREET ADDRESS	2306 S.W. 13TH STREET #405
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D <input type="checkbox"/> DELETE
NAME	BECHTEL, GORDON
STREET ADDRESS	2250 N.W. 21ST AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Elaine M. Lyons-Lepke* 4/22/98 352-375-3982

CR2E037 (10/97)