

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 30 11 06:13

DOCUMENT # **N22180** (6)

1. Corporation Name

**FOUNDATION FOR IMMUNOLOGICAL RESEARCH AND TREATMENT, INC.**

Principal Place of Business	Mailing Address
249 ROYAL PALM WAY STE. 301 PALM BCH FL 33480 US	249 ROYAL PALM WAY STE. 301 PALM BCH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/24/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0048212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**COLE, JONATHAN E  
250 ROYAL PALM WAY  
PALM BCH FL 33480**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 his / applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TPS</b>
NAME	<b>GRILLO, LINDA J</b>
STREET ADDRESS	<b>13115 GLENMORR DR</b>
CITY - ST - ZIP	<b>W PALM BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>ILSE MARIE ISSELS</b>
STREET ADDRESS	<b>16932 S. OCEAN BLVD</b>
CITY - ST - ZIP	<b>PALM BCH FL</b>
TITLE	<b>T</b>
NAME	<b>DIDAULO, MAUREEN</b>
STREET ADDRESS	<b>13976 FOLKSTONE CR</b>
CITY - ST - ZIP	<b>WELLINGTON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>TPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GRILLO, LINDA J</b>	
13 STREET ADDRESS	<b>249 ROYAL PALM WAY, SUITE 301</b>	
14 CITY - ST - ZIP	<b>PALM BEACH FL 33480</b>	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>249 ROYAL PALM WAY, SUITE 301</b>	
24 CITY - ST - ZIP	<b>PALM BEACH FL 33480</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Linda J Grillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/95

Date

407 832-3246

Telephone #