

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 11 8: 24

DOCUMENT # **N93000004755 (5)**

1. Corporation Name
FOUNDATION FOR IMMUNOLOGICAL RESEARCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 249 ROYAL PALM WAY SUITE 301 PALM BEACH FL 33480	Mailing Address 249 ROYAL PALM WAY SUITE 301 PALM BEACH FL 33480
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3. Date Incorporated or Qualified 10/21/1993	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0443368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COLE, JONATHAN E
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	ISSELS, ISLE MARIE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	249 ROYAL PALM WAY SUITE 301	12 NAME	
STREET ADDRESS	PALM BEACH FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE D	ISSELS, HELLMUT J	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	249 ROYAL PALM WAY SUITE 301	22 NAME	
STREET ADDRESS	PALM BEACH FL 33480	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE DS	GRILLO, LINDA J	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	249 ROYAL PALM WAY SUITE 301	32 NAME	
STREET ADDRESS	PALM BEACH FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 017, 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 **LINDA J. GRILLO** 5-15-95 **407 832-3246**
Signature and Typed or Printed Name of Signing Officer or Director Date (Include Area Code)