

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39100 (3)
1. Corporation Name
KERLIM INCORPORATED



Principal Place of Business Mailing Address
**C/O WILLIAM ATTERBURY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

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	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 06/03/1992	3a. Date of Last Report 01/23/1995
4. FEIN Number 65-0333389	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 checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FUCHS, LOUIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, LOUIS	1.2 NAME	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	1.4 CITY-ST-ZIP	
TITLE	VD FUCHS, ROLF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, ROLF	2.2 NAME	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	S ATTERBURY, WILLIAM W, III <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTERBURY, WILLIAM W, III	3.2 NAME	
STREET ADDRESS	321 ROYAL POINCIANA PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D FUCHS, MARTHA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MARTHA	4.2 NAME	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

William W. Atterbury

1-16-96

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

William W. Atterbury

(407) 659-1770

CR2E034 (12/95)