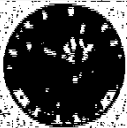


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 19 PM 4:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 671552 (8)
1. Corporation Name IMMUNOVET, INC.

Principal Place of Business 5910 G BRECKENRIDGE PARKWAY TAMPA FL 33610	Mailing Address 5910 G BRECKENRIDGE PARKWAY TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/19/1980		3a. Date of Last Report 04/25/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-2869612		Applied For ☐ Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
Zip 29		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent GRIMM, WILLIAM A 201 E PINE ST STE 520 ORLANDO FL 32801				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			
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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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SEIDMAN, DAVID C	1.1 TITLE ☒ Change ☐ Addition	
STREET ADDRESS 1007 CHURCH STREET		1.2 NAME	
CITY-ST-ZIP EVANSTON IL		1.3 STREET ADDRESS 1603 CORKINGTON AVENUE, SUITE 2050	
TITLE PD	NAME CONNELL, JOHN A.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 5910 G BRECKENRIDGE PKWY		2.2 NAME	
CITY-ST-ZIP TAMPA FL		2.3 STREET ADDRESS	
TITLE D	NAME LAWRENCE, LARRY J.	3.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 515 MADISON AVE.		3.2 NAME	
CITY-ST-ZIP NEW YORK NY		3.3 STREET ADDRESS	
TITLE VTS	NAME PTAK, JOSEPH F	4.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 5910 G BRECKENRIDGE PKWY		4.2 NAME	
CITY-ST-ZIP TAMPA FL		4.3 STREET ADDRESS	
TITLE AS	NAME GRIMM, WILLIAM A	5.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 201 E PINE STREET #520		5.2 NAME	
CITY-ST-ZIP ORLANDO FL		5.3 STREET ADDRESS	
TITLE V	NAME EDWARDS, BOBBY G	6.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 5910 G BRECKENRIDGE PKWY		6.2 NAME	
CITY-ST-ZIP TAMPA FL		6.3 STREET ADDRESS	
		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 if changed, or on an attachment with an address.

SIGNATURE:

Joseph F. Ptak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95
DATE

Daytime Phone #

671552

OFFICERS AND DIRECTORS (continued)

TITLE	D
NAME	VAN KAMPEN, KENT R
STREET ADDRESS	881 EAST 5550 SOUTH
CITY - ST - ZIP	OGDEN UT 84405