FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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	Mailing Address
5910 G BRECKENRIDGE PARKWAY TAMPA FL 33610	5910 G BRECKENRIDGE PARKWAY TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 05/19/1990	3a. Date of Last Report: 04/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2869612	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIMM, WILLIAM A 201 E PINE ST STE 520 ORLANDO FL 32801	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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	SEIDMAN, DAVID C	1.2 NAME	
STREET ADDRESS	1007 CHURCH STREET	1.3 STREET ADDRESS	1603 Orrington Avenue, Suite 2050
CITY-ST-ZIP	EVANSTON IL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CONNELL, JOHN A.	2.2 NAME	
STREET ADDRESS	5910 G BRECKENRIDGE PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, LARRY J.	3.2 NAME	
STREET ADDRESS	515 MADISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VTS	4.1 TITLE	☐ Change ☐ Addition
NAME	PTAK, JOSEPH F	4.2 NAME	
STREET ADDRESS	5910 G BRECKENRIDGE PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIMM, WILLIAM A	5.2 NAME	
STREET ADDRESS	201 E PINE STREET #520	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BOBBY G	6.2 NAME	
STREET ADDRESS	5910-G BRECKENRIDGE PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 Joseph F Ptak 4-11-95 813-621-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GRIMM FF

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OFFICERS AND DIRECTORS (continued)

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