	D LIABILITY COMPANY NNUAL REPORT 1999		FLORIDA DEPARTM Katherine I Secretary of DIVISION OF COR	Harris State		FIL		
ILING F	FEE Annual Report \$100.0	1 - CONAX +3 - FU 5: 00						
	75 Make Check Payable nd Mailing Address ad Liability Company DOC							
	/IT-IMMUNE, L.C.				1a. Principal Place	of Business	Address	
5	5821 HOLLYWOOD BI HOLLYWOOD FL 3302				5821 HOI HOLLYWOO			
2 Principal Place of Business 2a. Ma			ing Address		3. Date Organized or Qualified 38. State of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02/05/1997 FL			
					4. FEI Number		Applied For	
ity & State		City & State			65-07281	15	ו	Not Applicable
φ	Country	Zip	Coun	try	5. Date of Last Rep	port		e of Status Desired
	7. Name and Address of Curre				05/11/19 Name and Address of			nal Fee Required
SUITE	HOLLYWOOD BLVD. E 204 YWOOD FL 33021			Street Address (I Suite, Apt. #, etc City	P.O. Box Number Is I	Not Accepta	ble) Zip Code	
SUITE KOLLS . Pursuar s registere is registere	E 204 WOOD FL 33021 Int to the provisions of Sections 608.41 ad office or registered agent, or both, in ed agent, and accept the obligations.	the State of Flo	orida. Such change was a	Suite, Apt. #, etc City bove-named limited authorized by affirma	d liability company sub ative vote of a majority (FL	Zip Code ement for the p	urpose of changing ept the appointment
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