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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002258 (0)

1. Corporation Name

INFECTIOUS DISEASE RESEARCH INSTITUTE, INC.

Principal Place of Business

4728 N. HABANA AVE.
SUITE 303
TAMPA FL 33614

Mailing Address

4728 N. HABANA AVE.
SUITE 303
TAMPA FL 33614-7183



3. Date Incorporated or Qualified
05/10/1995

3a. Date of Last Report
12/24/1996

4. FEI Number
59-3313055

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STULL, R. JEFFREY
STULL & BARBER, P.A.
602 SOUTH BOULEVARD
TAMPA FL 33606

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME YANGCO, BIENVENIDO G
STREET ADDRESS 4728 N. HABANA AVE.
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE VTSD
NAME HALKIAS, KALLIOPE D
STREET ADDRESS 4728 N. HABANA AVE.
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D
NAME BALIS, JOHN U
STREET ADDRESS 12901 BRUCE B DOWNS BLVD
CITY-ST-ZIP TAMPA FL 33612 ☐ DELETE

TITLE D
NAME HALKIAS, DEMETRIOS G
STREET ADDRESS 12901 BRUCE B DOWNS BLVD
CITY-ST-ZIP TAMPA FL 33612 ☐ DELETE

TITLE D
NAME SINKOVICS, JOSEPH B
STREET ADDRESS 4800 N HABANA AVE., STE 9
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D
NAME EIKMAN, EDWARD A
STREET ADDRESS 2727 MLK BLVD., W #800
CITY-ST-ZIP TAMPA FL 33607 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)