

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

4728 N. HABANA AVE.
SUITE 303
TAMPA FL 33614

4728 N. HABANA AVE.
SUITE 303
TAMPA FL 33614

3. Date Incorporated or Qualified

05/10/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 ☐ DELETE

NAME YANGCO, BIENVENIDO G

STREET ADDRESS 4728 N. HABANA AVE.

CITY-ST-ZIP TAMPA FL 33614

TITLE VTSD ☐ DELETE

NAME HALKIAS, KALLIOPE D

STREET ADDRESS 4728 N. HABANA AVE.

CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME BALIS, JOHN U

STREET ADDRESS 12001 BRUCE B DOWNS BLVD

CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ DELETE

NAME HALKIAS, DEMETRIOS G

STREET ADDRESS 12001 BRUCE B DOWNS BLVD

CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ DELETE

NAME SINKOVICS, JOSEPH B

STREET ADDRESS 4600 N HABANA AVE., STE 9

CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE

NAME EIKMAN, EDWARD A

STREET ADDRESS 2727 MLK BLVD., W #800

CITY-ST-ZIP TAMPA FL 33607

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

Kalliope D. Halkias, MPH Kalliope D. Halkias, MPH 8/24/98 8138754374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 02 1998 8:00am⁸
Secretary of State

