

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90194 020 ***158.75

0037903

DOCUMENT # P06901

1. Corporation Name

IMX PHARMACEUTICALS, INC.

Principal Place of Business

**2295 CORPORATE BLVD NW
BOCA RATON FL 33431**

Mailing Address

**2295 CORPORATE BLVD NW
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1985

4. FEI Number

87-0394290

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**FORSTER, WILLIAM A.
2295 CORPORATE BLVD #131
BOCA RATON FL 33431**

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 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

TITLE ☐ DELETE

NAME **DPCB
FORSTER, WILLIAM A**
STREET ADDRESS **2295 CORPORATE BLVD NW, SUITE 131**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **S
WILSON, JEANNE M**
STREET ADDRESS **3411 SPANISH TRAIL**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ DELETE

NAME **D
GROSS, DAVID**
STREET ADDRESS **2771 NW 28TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VCD
NATAN, DAVID A**
STREET ADDRESS **5940 NW 56TH COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ DELETE

NAME **D
BERG, JEFFREY H.**
STREET ADDRESS **2 FAIRHILL RD**
CITY-ST-ZIP **EDISON NJ 08817**

TITLE ☒ DELETE

NAME **D
WALT, DAVID**
STREET ADDRESS **2295 CORPORATE BLVD #131**
CITY-ST-ZIP **BOCA RATON FL 33431**

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)