

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90009 019 ***550.00

DOCUMENT # V03064

1. Corporation Name
GENETIC VECTORS, INC.

Principal Place of Business

5201 NW 77TH AVE
SUITE 100
MIAMI FL 33166
US

Mailing Address

5201 NW 77TH AVE
SUITE 100
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1991

4. FEI Number

65-0324710

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

MCCABE, MEAD M JR.
5201 NW 77TH AVE
SUITE 100
MIAMI FL 33166

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 CPD ☐ DELETE
NAME MCCABE, MEAD M SR.
STREET ADDRESS 12901 S.W. 63RD COURT
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ DELETE
NAME JOYCE, JAMES A
STREET ADDRESS 835 5TH AVENUE - SUITE 202
CITY-ST-ZIP SAN DIEGO CA

TITLE D ☒ DELETE
NAME GOLUB, ALLYN L PHD
STREET ADDRESS 4590 INGRAHAM HIGHWAY
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE
NAME BURROUGHS, MARK
STREET ADDRESS 12901 S.W. 63RD COURT
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE
NAME FELL, JACK W PHD
STREET ADDRESS 7201 MITCHELL DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME FOLEY, MICHAEL C
STREET ADDRESS 6 WINGAT COURT
CITY-ST-ZIP FLOURTOWN PA 19031

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 #

5/24/99 305-716-0000

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