

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P13666** (3)  
1. Corporation Name  
**IMMUNOMED CORPORATION**



Principal Place of Business: **5910-G BRECKENRIDGE PARKWAY TAMPA FL 33610**  
Mailing Address: **5910-G BRECKENRIDGE PARKWAY TAMPA FL 33610**

3. Date Incorporated or Qualified: **03/19/1987**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-1929776**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$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 (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**GRIMM, WILLIAM A.  
201 E. PINE STREET, SUITE 520  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name: **PTAK, JOSEPH F.**  
82 Street Address (P.O. Box Number is Not Acceptable): **5910-G BRECKENRIDGE PARKWAY**  
83  
84 City: **TAMPA** FL 85 Zip Code: **33610**

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: *Joseph F. Ptak* **JOSEPH F. PTAK, VICE PRESIDENT** DATE: **4-3-96**

12. OFFICERS AND DIRECTORS

|                 |                                       |  |
|-----------------|---------------------------------------|--|
| TITLE           | <b>VIS</b>                            | <input type="checkbox"/> DELETE            |
| NAME            | <b>PTAK, JOSEPH F.</b>                |  |
| STREET ADDRESS  | <b>5910-G BRECKENRIDGE PKY</b>        |  |
| CITY - ST - ZIP | <b>TAMPA FL</b>                       |  |
| TITLE           | <b>PD</b>                             | <input type="checkbox"/> DELETE            |
| NAME            | <b>CONNELL, JOHN A.</b>               |  |
| STREET ADDRESS  | <b>5910-G BRECKENRIDGE PKY</b>        |  |
| CITY - ST - ZIP | <b>TAMPA FL</b>                       |  |
| TITLE           | <b>AS</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>GRIMM, WILLIAM A</b>               |  |
| STREET ADDRESS  | <b>201 E PINE STREET</b>              |  |
| CITY - ST - ZIP | <b>ORLANDO FL</b>                     |  |
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>LAWRENCE, LARRY J.</b>             |  |
| STREET ADDRESS  | <b>515 MADISON AVE</b>                |  |
| CITY - ST - ZIP | <b>NEW YORK NY</b>                    |  |
| TITLE           | <b>D</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>SEIDMAN, DAVID C</b>               |  |
| STREET ADDRESS  | <b>1803 ORRINGTON AVE, SUITE 2050</b> |  |
| CITY - ST - ZIP | <b>EVANSTON IL</b>                    |  |
| TITLE           | <b>V</b>                              | <input type="checkbox"/> DELETE            |
| NAME            | <b>EDWARDS, BOBBY G</b>               |  |
| STREET ADDRESS  | <b>5910-G BRECKENRIDGE PKWY</b>       |  |
| CITY - ST - ZIP | <b>TAMPA FL</b>                       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joseph F. Ptak* **JOSEPH F. PTAK, VICE PRESIDENT** DATE: **4-3-96** PHONE: **813-621-9447**

CR2E034 (12/95)