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Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33610-4253

3. Date Incorporated or Qualified  
03/19/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1929776

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PTAK, JOSEPH F.  
5910-G BRECKENRIDGE PKWY  
TAMPA FL 33610

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

*Joseph F. Ptak* JOSEPH F. PTAK, VICE PRESIDENT

3-22-97

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VTS  DELETE  
NAME: PTAK, JOSEPH F.  
STREET ADDRESS: 5910-G BRECKENRIDGE PKY  
CITY-ST-ZIP: TAMPA FL

1.1 TITLE: VTSD  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:

TITLE: PD  DELETE  
NAME: CONNELL, JOHN A.  
STREET ADDRESS: 5910-G BRECKENRIDGE PKY  
CITY-ST-ZIP: TAMPA FL

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:

TITLE: D  DELETE  
NAME: LAWRENCE, LARRY J.  
STREET ADDRESS: 515 MADISON AVE  
CITY-ST-ZIP: NEW YORK NY

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

TITLE: D  DELETE  
NAME: SEIDMAN, DAVID C  
STREET ADDRESS: 1803 ORRINGTON AVE, SUITE 2050  
CITY-ST-ZIP: EVANSTON IL

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

TITLE: V  DELETE  
NAME: EDWARDS, BOBBY G  
STREET ADDRESS: 5910-G BRECKENRIDGE PKWY  
CITY-ST-ZIP: TAMPA FL

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME: D KEAT R. VAN KAMMEN  
6.3 STREET ADDRESS: 881 EAST 5550 SOUTH  
6.4 CITY-ST-ZIP: OGDEN UT 84405

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 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

3-22-97 813-621-9447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/96)