

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 503390 (7)

1. Corporation Name
VIROGROUP, INC.

Principal Place of Business 428 PINE ISLAND RD., S.W. CAPE CORAL FL 33991	Mailing Address 428 PINE ISLAND RD., S.W. CAPE CORAL FL 33991
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5217 Linbar Drive		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/18/1976	
Suite, Apt. #, etc. 22 Suite 309		Suite, Apt. #, etc. 27		4. FEI Number 59-1671036	
City & State 23 Nashville, TN		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 37211		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ACKERLY, LARRY E. Lloyd Horvath 428 PINE ISLAND RD SW CAPE CORAL FL 33991				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACKERLY, LARRY	1.2 NAME	Charles Higgins
STREET ADDRESS	428 PINE ISLAND ROAD SW	1.3 STREET ADDRESS	5217 Linbar Drive Suite 309
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Nashville, TN 37211
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNEL, THOMAS H	2.2 NAME	DeWayne Baskette
STREET ADDRESS	428 PINE ISLAND ROAD SW	2.3 STREET ADDRESS	5217 Linbar Drive Suite 309
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Nashville, TN 37211
TITLE	CPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OGDEN, SYLVESTER	3.2 NAME	DeWayne Baskette
STREET ADDRESS	428 PINE ISLAND ROAD SW	3.3 STREET ADDRESS	5217 Linbar Drive Suite 309
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Nashville, TN 37211
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Todd Vehring, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORVATH, LLOYD E	4.2 NAME	5217 Linbar Drive Suite 309
STREET ADDRESS	428 PINE ISLAND ROAD, SW	4.3 STREET ADDRESS	Nashville, TN 37211
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, LARRY K	5.2 NAME	
STREET ADDRESS	428 PINE ISLAND ROAD SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Larry Horvath Chief Financial Officer 4-20-98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone # 0497111

CR2E034 (10/97)