

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90016 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848681

1. Corporation Name
VIRAGEN, INC.



Principal Place of Business 865 S W 78TH AVENUE STE 100 PLANTATION FL 33324 US	Mailing Address 865 SW 78TH AVENUE STE 100 PLANTATION FL 33324 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/31/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2101668	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALEY, DENNIS W
865 SW 78TH AVENUE, STE 100
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, GERALD	1.2 NAME	Robert H. Zeiger
STREET ADDRESS	865 SW 78TH AVENUE, STE 100	1.3 STREET ADDRESS	865 SW 78th Avenue, Suite 100
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISTEL, CHARLES F	2.2 NAME	Carl N. Singer
STREET ADDRESS	865 SW 78TH AVENUE, STE 100	2.3 STREET ADDRESS	865 SW 78th Avenue, Suite 100
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	DVTS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALEY, DENNIS W	3.2 NAME	Charles J. Simons
STREET ADDRESS	865 SW 78TH AVENUE, STE 100	3.3 STREET ADDRESS	865 SW 78th Avenue, Suite 100
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWORKIN, SIDNEY	4.2 NAME	Robert Salisbury
STREET ADDRESS	865 S W 78TH AVENUE, STE 100	4.3 STREET ADDRESS	865 SW 78th Avenue, Suite 100
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	FISCHBEIN, PETER D	5.2 NAME	
STREET ADDRESS	865 SW 78TH AVENUE, STE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HAFT, JAY M	6.2 NAME	
STREET ADDRESS	865 SW 78TH AVENUE, STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	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)