May 05, 1999 8:00 am Secretary of State

05-05-1999 90066 025 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045918

1. Corporation Name

Principal Place of Business

VIRAGEN TECHNOLOGY, INC.

865 S W 78TH AVENUE STE 100			865 S W 78TH AVENUE STE 100					_	O NOT IN	NTE IN THIS	CDACE		
PLANTATION FL 33324		F	PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE						
U\$		l	U\$			3. Date Incorporated or Qualifed							
							0)6/13/19 <u>95 </u>					
2. Principal Pla	ace of Business	2	a. Mailing Address				4. FI	El Number			Ш	Appli	ed For
21		26	1				6	5-0595946				Not A	pplicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.						ua Dagirod		\$8.7		
22		27	7					Certificate of Stat	us.Desired	L	Fee	Requ	iired
City & State			City & State				6. E	lection Campaig	n Financin	3	\$5.6	00 м	av Be
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Zip	Count		Zip	Co	untry			his corporation		rrent vear Int	andible		
·	25	29	7	30	,			ersonal Propert		,	☐ Yes	5	₹No]
24	9. Name and Addr		<u> </u>	130	T			lame and Addr	·	Registered	Agent		
	9. Name and Addi	ess or current reg	istered Agent		81	Name					<u> </u>		
HEAL	LEY, DENNIS W												
	SW 78TH AVENUE,	CTE 100			82	Street Add	Idress (P.O). Box Number i	s Not Acce	otable)			i
		31E 100											
PLAN	NTATION FL 33324				83								
					84	City			.,		85 2	Zip Co	de
					54	City				FL	. -		
office or re	egistered agent, or bot m familiar with, and ac	h in the State of Flo	1 607.1508, Florida Stat orida. Such change was	autnoriz€	ea by i	tne corpora	ation's boar	rd of directors. I	nereby acc	ept the appoi	ntment as	s regis	stered
SIGNATURE													\
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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 odporation 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP