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Apr 30, 1999 8:00 am
Secretary of State

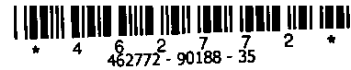
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738382

1. Corporation Name
FLORIDA CRYONICS ASSOCIATION, INC.



Principal Place of Business 995 SW 24 STREET FT LAUDERDALE FL 33315	Mailing Address 995 SW 24 STREET FT LAUDERDALE FL 33315
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1746396
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

9. Name and Address of Current Registered Agent

FALOON, WILLIAM
 995 SW 24 STREET
 FT LAUDERDALE FL 33315

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DD D	<input type="checkbox"/> DELETE
NAME FALOON, WILLIAM	
STREET ADDRESS 995 SW 24 STREET	
CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE STD D	<input type="checkbox"/> DELETE
NAME KENT, SAUL	
STREET ADDRESS 995 SW 24 STREET	
CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE VD ST	<input type="checkbox"/> DELETE
NAME STROM, GREG	
STREET ADDRESS 995 SW 24 STREET	
CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE PD D	<input type="checkbox"/> DELETE
NAME TINA EYCHISON	
STREET ADDRESS 995 SW 24 ST	
CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE D	<input type="checkbox"/> DELETE
NAME DONALD KLEINSEK	
STREET ADDRESS 995 SW 24 ST	
CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE D	<input type="checkbox"/> DELETE
NAME KEVIN BROWN	
STREET ADDRESS 995 SW 24 ST	
CITY-ST-ZIP FT LAUDERDALE FL 33315	

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 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 617, 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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 27 1999** Daytime Phone #: **954-766-8433**

CR2E037 (1/98)