SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 AM 10:20

DOCUMENT # 714984 (2)

1. Corporation Name
CRYONICS SOCIETY OF SOUTH FLORIDA, INC.

100001544721
-07/25/95--01019--007
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6570 S.W. 47TH COURT DAVIE FL 33314	6570 S.W. 47TH COURT DAVIE FL 33314

3. Date Incorporated or Qualified: 07/22/1968
3a. Date of Last Report: 02/08/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

TUPLER, GLEN D.
~~2810 SW 87 AVE. #018~~ 6570 SW 47 COURT
DAVIE FL ~~33328~~ 33314

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 617.0504, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (A, C)
11 TITLE: PD 12 NAME: TUPLER, GLEN D. 13 STREET ADDRESS: ~~2810 S.W. 87TH AVENUE~~ 6570 SW 47 CT 14 CITY ST ZIP: DAVIE FL 33314	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
21 TITLE: VD 22 NAME: FALOON, WILLIAM 23 STREET ADDRESS: 401 W. PROSPECT ROAD 24 CITY ST ZIP: FT. LAUDERDALE FL	21 TITLE VD ☒ Change ☐ Addition 22 NAME Tupler, David 23 STREET ADDRESS 6950 Cypress Rd., Suite 101 24 CITY ST ZIP Plantation, FL 33317
31 TITLE: STD 32 NAME: TUPLER, MARC A. 33 STREET ADDRESS: ~~2810 S.W. 87TH AVENUE~~ 6570 SW 47 CT 34 CITY ST ZIP: DAVIE FL 33314	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above or on an attachment with an address.

SIGNATURE: _____ GLEN D. TUPLER July 7, 1995 (305) 583-0801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FC

0010140