
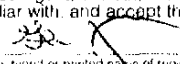



FILE NOW: FILING FEE IS \$61.25

FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714984 (2) 1. Corporation Name CRYONICS SOCIETY OF SOUTH FLORIDA, INC.			
Principal Place of Business 6570 S.W. 47TH COURT DAVIE FL 33314		Mailing Address 6570 S.W. 47TH COURT DAVIE FL 33314-4335	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/22/1968		3a. Date of Last Report 01/24/1996	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent TUPLER, GLEN D. 2810 SW 87 AVE. #918 DAVIE FL 33328		10. Name and Address of New Registered Agent 81 Name Glen D. Tupler 82 Street Address (P.O. Box Number is Not Acceptable) 6570 S.W. 47th Court 83 84 City Davie FL 85 Zip Code 33314	
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  GLEN TUPLER March 5, 1997 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TUPLER, GLEN D. 6570 SW 47 CT DAVIE FL 33314	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAVID TUPLER 6950 CYPRESS RD STE 101 PLANTATION FL 33317	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TUPLER, MARC A. 6570 SW 47TH CT DAVIE FL 33314	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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.			
SIGNATURE:  GLEN D. TUPLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		March 5, 1997 (954) 583-0801 <small>Date Daytime Phone # 0036303</small>	



CR2E037 (9/96)