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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | 1997 | DIVISIO | N OF CORPORATIONS | | ing or state |
|--|---|-------------------------------|---|---|--|
| | JMENT # 8257 ICAN CRYOGENICS, INC | | | | |
| AMENI | CAN CHTOGENIOS, INC |) 1 | | I TATOTO SAND SIDO BUNG ILBAN SERAK SERAK R | |
| rincipal Pla | ace of Business | Mailing Address | · · · · · · · · · · · · · · · · · · · | | # \$10% \$10% \$10% \$10% \$10% \$10% \$10% |
| 121 N. CALIFORNIA #350 2121 N. CALIFORNIA # | | | | | |
| ALNUT CR | EEK CA 94596 | WALNUT CREEK C | A 94596-7390 | | |
| | | | | 3. Date Incorporated or Qualified | |
| Date also at | I Disasca I Disasca | I do Livilios Adeles | | 02/22/1971 | 04/11/1996 |
| · · · | | 2a. Mailing Addre | SS | 4. FEI Number 94-2921953 | Applied For Not Applicable |
| Suite, Apt #, etc | | Suite, Apt. #, e | itc. | | \$8.75 Additional |
| | | 27 | | 6. Certificate of Status Desired | Fee Required |
| City & St. | rate | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | B. This corporation has liability fo | |
| | 25 9, Name and Address of 6 | 29 Current Registered Agent | 30 | Florida Statutes 10. Name and Address of New R | Yes No |
| | T CORPORATION SYSTEM | | 81 Name | | |
| | 200 S. PINE ISLAND ROAD | | 82 Street | Address (P.O. Box Number is Not Accepta | hhla) |
| | ANTATION FL 33324 | | | addess (1.0. Dox Hamber is Not Accept | |
| | | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| Durgun | at to the provisions of Sections 6 | 07.0602 and 607.1608. Florid | Statutes the above named | corneration submits this statement for the | PL 69 Zip code |
| office o | or registered agent, or both, in the | State of Florida, Such chang | e was authorized by the corp | corporation submits this statement for the coration's board of directors. I hereby acc | apt the appointment as registered |
| | | obligations of, Section 607.0 | 505, Fibrida Statutes. | | |
| GNATUR | Signature, typica or printed name of regist | | (NOTE: Registered Agent signature | | DATE |
| !. Lf | | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 Change Addition |
| .t VlE | TD ALEXANDER, G. B. | בן ויכנ | 1.1 TITLE 1.2 NAME | | L. Change L. Addition |
| vil Keet adores | | | 1.3 STREET ADDRESS | | |
| Y- \$1-ZIP | HOUSTON TX | | 1.4 CITY - ST - ZIP | | |
| LF | SD | ☐ DEL | | | ☐ Change ☐ Addition |
| ME | BAIRD, J. N. | | 2.2 NAME | | |
| REEL ADDRES | × 2700 POST OAK BLVD | | 2.3 STREET ADDRESS | | |
| y - \$1 - 7⊮ | HOUSTON TX | | | | |
| LF | TIOUDION IN | | 2. 4 CITY-ST-ZIP | | |
| | D | DE1 | ETE 31 TITLE | | Change Addition |
| | D PETRY, GARY | DE1 | ETE 3.1 TITLE 3.2 NAME | | Change Addition |
| KEET ADORES | D PETRY, GARY SS 2700 POST OAK BLVD | □ DE1 | ETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | Change Addition |
| KEET ADORES Y-ST-ZIP | D PETRY, GARY 2700 POST OAK BLVD HOUSTON TX | | 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | · · |
| REET ADORES Y-S1-ZIP LF | D PETRY, GARY 2700 POST OAK BLVD HOUSTON TX D | □ DEL | ETE 31 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-SI-ZIP ETE 4.1 TITLE | | |
| REET ADORES Y-S1-ZIP LE ME | D PETRY, GARY 2700 POST OAK BLVD HOUSTON TX D ALEXANDER, G.B. | | 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | · · |
| REET ADORES Y+S1+Z4P LE ME REET ADORES | D PETRY, GARY 2700 POST OAK BLVD HOUSTON TX D ALEXANDER, G.B. 2700 POST OAK BLVD | | 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - SI - ZIP ETE 4.1 TITLE 4.2 NAME | | · · |
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14. I do hereby certify that the information supplied with this filling 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 appendment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

G. B. Alexander

Daytime Phone #

FILED

May 12 1997 8:00am

Secretary of State