1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

DIVISION OF CORPORATIONS

## Secretary of State

## **DOCUMENT # F91471**

1. Corporation Name

CRYO-CHEM INTERNATIONAL INC.

	The second secon				
Principal Place	e of Business	Mailing Address			
1919 GLYNN A	VENUE	1919 GLYNN AVENUE			
SUITE 46	A 04500	EDUNCATION CA 21520			DO NOT WRITE IN THIS SPACE
Brunswick G	A 31520 .	BRUNSWICK GA 31520			3. Date Incorporated or Qualifed
					07/21/1982
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-2215968</b> Not Applicat
	#, etc	Suite, Apt.#, etc.			5. Certificate of Status Desired  5. Sertificate Of Status Desired  5. Ser
<b>22</b> BL	DG. #20	27 BLDG. #20			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29 30	<u>)                                    </u>		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
81 Name				Willard D. Dover, Esq.	
FLEMING, O'BRYAN & FLEMING, P.A.				Address (P.O. Box Number is Not Acceptable)	
	N: W.D. DOVER	UD 5110 075		C/	<u>/o NILES, DOBBINS &amp; MEEKS,Suite 400</u>
	E BROWARD BLVD, 7TH FL, BRV			83	601 East Oakland Park Blvd.
FT. (	Lauderdale, fll. 33394	SAME AGENI			
		NEW FIRM	[	64 City F t	t. Lauderdale, <b>FL</b> 85 Zip Code 333306
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	nua-named i	d comporation submits this statement for the purpose of changing its registerer
f office or r	registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was auth	onzed	by the corpo	poration's board of directors. I hereby accept the appointment as registered
l -	im familiar with, and accept the obligati	ons of, Section 607.0303, Florida	Jiaiai	.03.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered A	gent signature re	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E	☐ Change ☐ Add
NAME	PACKO, JOSEPH J		1.2 NAN	Æ	
STREET ADDRESS	AND CHARLES ATE AN		1.3 STE	EET ADDRESS	Bldg. #20
CITY-ST-ZIP	BRUNSWICK GA			r-ST-ZIP	12090 "20
TITLE	STD	☐ DELETE	2.1 1111		Change Add
NAME	PACKO, MARK T.		2.2 NAN		
	AND DESCRIPTION AND ARE AD		_	EET ADDRESS	Bldg. #20
STREET ADDRESS	BRUNSWICK GA				
CITY-ST-ZIP	DRUMONIUN GA	☐ DELETE	3.1 TITE	Y-ST-ZIP	☐ Change ☐ Add
TITLE	•				
NAME			3.2 NA		
STREET ADDRESS	1			REET ADDRESS	'
CITY-ST-ZIP		רו הרו כדר		Y-ST-ZIP	☐ Change ☐ Add
TITLE	1	☐ DELETE	4.1 TITL		Citalige Li Aud
NAME			4. 2 NA		
STREET ADDRESS			4.3 STF	EET ADDRESS	\$
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TITL		Change Add
NAME	1		5.2 NAM	νE Ι	

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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

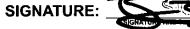
6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE



STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

Apr 08, 1999 8:00 am Secretary of State

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