

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F91471

1. Corporation Name
CRYO-CHEM INTERNATIONAL INC.

Principal Place of Business

**1919 GLYNN AVENUE
SUITE 40
BRUNSWICK GA 31520**

Mailing Address

**1919 GLYNN AVENUE
SUITE 40
BRUNSWICK GA 31520**

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90090 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1982

4. FEI Number

59-2215968

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., #, etc.

BLDG. #20

City & State

23

Zip

Country

24

Suite, Apt., #, etc.

BLDG. #20

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FLEMING, O'BRYAN & FLEMING, P.A.
ATTN: W.D. DOVER
500 E BROWARD BLVD, 7TH FL, BRWD FNC CTE
FT. LAUDERDALE, FL 33394**

**SAME AGENT
NEW FIRM**

10. Name and Address of New Registered Agent

81 Name

Willard D. Dover, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o NILES, DOBBINS & MEEKS, Suite 400

83

2601 East Oakland Park Blvd.

84 City

Ft. Lauderdale,

FL

85 Zip Code

333306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
PACKO, JOSEPH J
1919 GLYNN AVE. STE 40
BRUNSWICK GA**

TITLE ☐ DELETE

**STD
PACKO, MARK T.
1919 GLYNN AVE. STE 40
BRUNSWICK GA**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Bldg. #20

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Bldg. #20

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99

Date

Daytime Phone #

CR2E034 (11/98)