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**Jan 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P40008 (5)
1. Corporation Name
CRYOTECH COMPRESSED GASES & EQUIPMENT, INC.



Principal Place of Business
**2225 N.W. 68TH COURT
GAINESVILLE FL 32653
US**

Mailing Address
**2225 N.W. 68TH COURT
GAINESVILLE FL 32653-1629
US**

3. Date Incorporated or Qualified **08/12/1992** 3a. Date of Last Report **02/01/1996**
4. FEI Number **59-3219399 59-3129399** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21. Principal Place of Business
3291 SW 42nd Street
Suite, Apt. #, etc.

2a. Mailing Address
3291 SW 42nd Street
Suite, Apt. #, etc.

22. City & State
Gainesville FL
23. Zip Country
32608 USA

28. City & State
Gainesville FL
29. Zip Country
32608 USA

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVES, ERIC J.	
STREET ADDRESS	5416 S.W. 97TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, KATHERINE A.	
STREET ADDRESS	5416 S.W. 97TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP + Gen mgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Graves, Eric J.	
13 STREET ADDRESS	5416 SW 97th Terrace	
14 CITY - ST - ZIP	Gainesville FL 32608	
21 TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	La Parre, Ron	
23 STREET ADDRESS	2300 Windy Ridge Pkwy Suite 560-South	
24 CITY - ST - ZIP	Atlanta, GA 30339	
31 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Baird, John N.	
33 STREET ADDRESS	2700 Post Oak Blvd	
34 CITY - ST - ZIP	Houston, TX	
41 TITLE	Asst Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Molinaro, Leonard	
43 STREET ADDRESS	1502 Orient Rd	
44 CITY - ST - ZIP	Tampa, FL 33619	
51 TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Alexander Gregory B.	
53 STREET ADDRESS	2700 Post Oak Blvd	
54 CITY - ST - ZIP	Houston, TX	
61 TITLE	Asst Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Gorski, Carol	
63 STREET ADDRESS	2300 Windy Ridge Pkwy Suite 560-South	
64 CITY - ST - ZIP	Atlanta GA 30339	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eric J. Graves* **REQUIRED** **1/16/97** **352-374-6603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)