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Apr 23 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 # P95000021718 (8)

1. Corporation Name

UNITED STATES CRYOBANKS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O EDWARD M. LIVINGSTON, ESQ.
P O BOX 1599
WINTER PARK FL 32780

C/O EDWARD M. LIVINGSTON, ESQ.
P O BOX 1599
WINTER PARK FL 32780-1599



2. Principal Place of Business		2a. Mailing Address	
21 270 S. North Lake Rd.	26	27 Suite, Apt. #, etc.	
22 Suite 1012	27	28 City & State	
23 Altamonte Springs, FL	28	29 Zip	
24 32701	25 US	29	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
03/17/1995	05/01/1996
4. FEI Number	Applied For
59-3310005	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32790

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRUNOEHLER, DWIGHT C	
STREET ADDRESS	150 NOTTOWAY TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDSCHUH, JOSEPH	
STREET ADDRESS	350 FIFTH AVE SUITE 7120	
CITY-ST-ZIP	NEW YORK NY 10118	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BRUNOEHLER, SUSAN	
STREET ADDRESS	150 NOTTOWAY TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUINDI, EDWARD S	
STREET ADDRESS	881 E ALTAMONTE DR SUITE 328	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEBEL, N. DONALD	
STREET ADDRESS	1150 VIA LUNGANO	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DTY	<input checked="" type="checkbox"/> DELETE
NAME	DORN, JONATHAN S	
STREET ADDRESS	330 EVAN DALE RD	
CITY-ST-ZIP	LAKE MARY FL	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRAYNOR, RAY	
1.3 STREET ADDRESS	12210 OXBOW LN.	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAVELY, ROBERT	
2.3 STREET ADDRESS	28 HEATHER GREEN CT.	
2.4 CITY-ST-ZIP	OCOCHEE, FL 34761	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AMBINDER, ROY	
3.3 STREET ADDRESS	240 TRISMEN TERR.	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 as an attachment with an address.

SIGNATURE:

[Signature]

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(407) 834-8333

CR2E034 (9/96)