

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000021718 (8)**

1. Corporation Name

UNITED STATES CRYOBANKS OF FLORIDA, INC.

Principal Place of Business

**270 S NORTH LAKE RD
SUITE 1012
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

59-3310005

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**LIVINGSTON, EDWARD M
628 ELLEN DR
WINTER PARK FL 32790**

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

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	DP	<input type="checkbox"/> DELETE
NAME	BRUNOEHLER, DWIGHT C	
STREET ADDRESS	150 NOTTOWAY TRAIL	
CITY-ST-ZIP	MAITLAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FELDSCHUH, JOSEPH	
STREET ADDRESS	350 FIFTH AVE SUITE 7120	
CITY-ST-ZIP	NEW YORK NY 10118	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	TRAYNOR, RAY	
STREET ADDRESS	12210 OXBOW LN	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	GRAVELY, ROBERT	
STREET ADDRESS	28 HEATHER GREEN CT	
CITY-ST-ZIP	OCFEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DIEBEL, N. DONALD	
STREET ADDRESS	1150 VIA LUNGANO	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMBINDER, ROY	
STREET ADDRESS	240 TRISMEN TERR	
CITY-ST-ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 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 in an appointment with an address.

SIGNATURE:  **Dwight C. Brunoehler, President** 4/15/98 (407) 834-8333

CR2E034 (10/97)