

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000056870 (5)

1. Corporation Name
U.S. TANK & CRYOGENIC EQUIPMENT, INC.

Principal Place of Business
2270 WHITFIELD PARK AVENUE
SARASOTA FL 34243
US

Mailing Address
2270 WHITFIELD PARK AVENUE
SARASOTA FL 34243
US

2. Principal Place of Business
21 2001 LIMBUS AVE

Suite, Apt. #, etc.

2a. Mailing Address
26 2001 LIMBUS AVE

Suite, Apt. #, etc.

22 City & State
23 SARASOTA, FL

Zip

Country

27 City & State
28 SARASOTA, FL

Zip

Country

24 34243

25 SARASOTA

29 34243

30 SARASOTA

9. Name and Address of Current Registered Agent

BROWN, JAMES C JR.
2270 WHITFIELD PARK AVENUE
SARASOTA FL 34243

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2001 LIMBUS AVENUE

83

84 City

10. Name and Address of New Registered Agent

FL 85 Zip Code
34243

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BROWN, JAMES C JR. 6831 PORTER ROAD SARASOTA FL 34240	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (10/97)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98 941-751-4008

Date Due Date Phone # 0482620