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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073529 (6)

LIFECELL TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 09 1998 8:00am Secretary of State



3172 VIRGINIA ST CONCONUT GROVE FL 33133 US		3172 VIRGINIA ST COCONUT GROVE FL 33133 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/22/1995			
2. Principal Place of Business 2e. Mailing Addre						4. FEI Number		Applied For	
21		26				65-0609143		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<del></del> 1 ′			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Zip <b>29</b>	Countr 30	'y		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	rent yea	ar Intangible No	
	g. Name and Address of Current					10. Name and Address of New Registered A	gent		
BE	RRY, JEAN		81	1	Name				
3172 VİRGINIA ST CONCONUT GROVE FL 33133				2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
00	TOURS WINTERE WIND		83	3					
			84	4	City	FI	85	Zip Code	
office of reagent. La	egistered agent, or both, in the State of familiar with, and accept the obligation of familiar with a second state of familiary second					oration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the appoint of the purpose of the	nemanıc	t as registered	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	
NAME STREET ADDRESS	PSTD BERRY, JEAN 3172 VIRGINIA ST COCONUT GROVE FL	[_] DELETE	1.1 TITLE 1.2 NAME 1.3 STREE	T AI	1		∐ Char	nge ∐ Addition	
CITY-ST-ZIP TITLE	COCONOT GROVE FL	☐ DELETE	1.4 CITY- 2.1 TITLE		- ZIP		☐ Char	nge	
NAME			2.1 HILL 2.2 NAME					TO LITTINGTION	
STREET ADDRESS			2.3 STREE		IDDRESS	• *			
CITY-ST-ZIP			2. 4 CITY-						
TITLE		DELETE	3.1 TITLE				Char	nge Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	IA F	UDDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY	- \$1-	i-ZIP				
TITLE		☐ DELETE	4.1 TITLE			,	Char	nge 🔲 Addition	
NAME			4. 2 NAMI	E	1				
STREET ADDRESS			4.3 STREE	IA TE	JDDRESS				
CITY-ST-ZIP			4.4 CITY-		- ZIP				
TITLE		DELETE	5.1 TITLE		1	,	Char	nge L Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET A	DORESS				
CITY-ST-ZIP			5.4 CITY-	_	- ZIP				
TITLE		☐ DELETE	6.1 TITLE			,	Char	nge Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET AL	JDDRESS				
CITY-ST-ZIP	i		6.4 CITY-	ST-	- ZIP				

14. Thereby 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 supplied under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, by on all altachment with an address.