

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000052776 (6)

1. Corporation Name

STRESS FREE CRYOGENICS, INC.



Principal Place of Business

2115 PALM BAY ROAD  
SUITE #1E  
PALM BAY FL 32905

Mailing Address

2115 PALM BAY ROAD  
SUITE #1E  
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

58-2329365

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 3574 EGRET DRIVE

Suite, Apt. #, etc.

22 City & State

23 MELBOURNE, FLORIDA

24 Zip

25 32901

26 Country

27 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

DIXON, SCOTT C  
2115 PALM BAY ROAD  
SUITE #1E  
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name

SCOTT C. DIXON

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

3574 EGRET DRIVE

83

84 City

MELBOURNE

FL

85 Zip Code

32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Lawrence E. Washington* (NOTE: Registered Agent signature required when reinstating)

04-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WASHINGTON, LAWRENCE E  
CITY-ST-ZIP 880 SOUTH SPIGEL DRIVE  
VIRGINIA BEACH VA 23454-1863

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS WASHINGTON, KENNETH ERIC  
CITY-ST-ZIP 532 SUMMIT RIDGE DRIVE  
CHESAPEAKE VA 23322-3549

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS WASHINGTON, JANE ANDREWS  
CITY-ST-ZIP 880 SOUTH SPIGEL DRIVE  
VIRGINIA BEACH FL 23454-1863

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE *Lawrence E. Washington*

352-7954849

CR2E034 (10/97)