

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

FILED
May 05 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 # V28986 (0)
1. Corporation Name
INDUSTRIAL CRYO SERVICES, INC.

Principal Place of Business 4101 E 12TH AVE BDO A STE 2 TAMPA FL 33609 US	Mailing Address P OBOX 1252 BUILDING 2, SUITE 4 RBANDON FL 33509 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1992	
4. FEI Number 59-3116404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SANTIAGO, MOISES 3606 LITHIA RIDGE BLVD. VALRICO FL 33594		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SANTIAGO MOISES
NAME	SANTIAGO, MOISES	1.2 NAME	3606 LITHIA RIDGE BLVD
STREET ADDRESS	3606 LITHIA RIDGE BLVD.	1.3 STREET ADDRESS	VALRICO FL
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	D+T
TITLE	V	2.1 TITLE	YATES CARL D
NAME	CRUZ, JOHNNY	2.2 NAME	1222 RAINBROOK CIRCLE
STREET ADDRESS	601 S. FALKENBURG ROAD, BLDG 2, SUITE 4	2.3 STREET ADDRESS	VALRICO FL
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	V+S
TITLE	T	3.1 TITLE	
NAME	CALVAN, ALFREDO	3.2 NAME	
STREET ADDRESS	601 S. FALKENBURG ROAD, BLDG 2, SUITE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	YATES, CARL D	4.2 NAME	
STREET ADDRESS	1222 RAINBROOK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)