COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P98000028014

THE HYDROCIENE CORROBATION

FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 022 ***558.75

	DHOGIENE CORPORATION												
cinal Place	of Business	Ma	ailing Address	_				146 330 11 6 16	61 1811 1811 18			 	
17 BERNARDO PLAZA COURT 11717 BERNARDO PLAZ				COURT						•			
TE 220 SUITE 220 4 Diego ca 92128 San Diego ca 92128								DO	NOT WRIT	E IN THIS	SPACE		
ONIT DIEGO ON SETEB							3.	3. Date Incorporated or Qualified					
					_			03/20/1998					
Principal Place of Business 2a. Mailing 26			Mailing Address	lailing Address				FEI Number 91- /85	370	ι .		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status	Desired	X		5 Additional Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
ip.	Country	1	Zip	Cou	intry		8.	This corporation ow	es the curre	ent year			
25 29				30	30			Intangible Personal		· [Yes	X _{No}	
•	9. Name and Address of Current	t Regis	tered Agent	1			10.	Name and Addres	s of New R	egistered	Agent	•	
					81	Name				-		Į	
CORPAMERICA, INC. 1525 SOUTH ANDREWS AVENUE					82 Street Addre			.O. Box Number is I	Not Accepta	ble)			
	TE 216				83	****	·····	-					
FT. I	LAUDERDALE FL 33316				84	City	·······				85	Zip Code	
					04	City				FL			
office or r	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florid	ta. Such change was :	autnonzei	a by	tne corpora	oration s ition's bo	submits this stateme pard of directors. I he	nt for the pu ereby accep	rpose of c t the appo	hanging it intment a	s registered s registered	
A A TELEDIT													
NATURE _	Signature, typed or printed name of registered agent	t and title if	f applicable. (N	OTE: Registe	ered Ag	gent signature re	equired whe	n reinstating)		DATE			
NATURE _	Signature, typed or printed name of registered egent OFFICERS ANI		,,	OTE: Registe	ered Aç	gent signature re		n reinstating) ADDITIONS/CHANG	ES TO OFF		ND DIRE	CTORS IN 12	
NATURE _			,,			gent signature re			ES TO OFF		ND DIRE		
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I hereby certify that the information supplied with this hing 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 dorptration or the receivery by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or all attachnical with an address.

GNATURE: