SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

CR2E034 (3/96)

DOCUMENT # 833865 (9)

1. Corporation Name

HYDRON TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
941 CLINT MOORE RD BOCA RATON FL 33487	941 CLINT MOORE RD BOCA RATON FL 33487

3. Date Incorporated or Qualified: 02/20/1975
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business	2a. Mailing Address
21 1001 YAMATO RD.	26 1001 Yamato Rd.
Suite, Apt #, etc: 22 Suite 403	Suite, Apt # etc: 27 Suite 403
City & State: 23	City & State: 28
Zip: 24 33431 — Country: 25	Zip: 29 33431 — Country: 30

4. FEI Number: 13-1574215 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TAUMAN, HARVEY
941 CLINT MOORE RD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Yamato Rd.
83 Suite 403
84 City: FL — 85 Zip Code: 33431

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	PD	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	TAUMAN, HARVEY		1 2 NAME	
STREET ADDRESS	6472 NW 32 WAY		1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1 4 CITY-ST-ZIP	
TITLE	SDV	☐ DELETE	2 1 TITLE	☑ Change ☐ Addition
NAME	PRASAD, CHAUDHURY MUKESH		2 2 NAME	
STREET ADDRESS	2711 CYPRESS AVE.		2 3 STREET ADDRESS	9801 NW 58th Ct.
CITY-ST-ZIP	MIRAMAR FL		2 4 CITY-ST-ZIP	Parkland FL 33076
TITLE	D	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	LEB, SAMUEL M.D.		3 2 NAME	
STREET ADDRESS	1905 S OAK HAVEN CIR		3 3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		3 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	FUIR, FRANK		4 2 NAME	
STREET ADDRESS	19975 NE 10 PLACE WAY		4 3 STREET ADDRESS	
CITY-ST-ZIP	N.MIAMI BEACH FL		4 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	CARDERO, NESTOR		5 2 NAME	
STREET ADDRESS	11790 S.W. 89TH STREET		5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6 1 TITLE	☑ Change ☐ Addition
NAME	CACCAMO, JOSEPH		6 2 NAME	
STREET ADDRESS	119 COMMODORE DRIVE		6 3 STREET ADDRESS	666 Third Ave 18th Floor
CITY-ST-ZIP	STATEN ISLAND NY		6 4 CITY-ST-ZIP	New York NY 10017

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey Tauman President — 6-14-96 — 561-994-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harvey Tauman, President