

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **833865** (9)
1. Corporation Name
HYDRON TECHNOLOGIES, INC.



Principal Place of Business 1001 YAMATO RD 403 BOCA RATON FL 33431 US	Mailing Address 1001 YAMATO RD 403 BOCA RATON FL 33431 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/20/1975	3a. Date of Last Report 06/20/1996
		4. FEI Number 13-1574215	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

**TAUMAN, HARVEY
941 CLINT MOORE RD
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name Tauman, Harvey
82 Street Address (P.O. Box Number is Not Acceptable) 1001 Yamato Road #403
83
84 City Boca Raton
85 Zip Code FL 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRASAD, CHAUDHURY MUKESH	2.2 NAME	
STREET ADDRESS	9801 NW 58TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCAMO, JOSEPH	6.2 NAME	
STREET ADDRESS	6 THIRD AVENUE 18TH FLOOR	6.3 STREET ADDRESS	1001 Yamato Rd #403
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	Boca Raton FL 33431

14. I do 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 _____ 8-19-97 5:11 PM

CR2E034 (4/97)