


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

FILED

Jan 21 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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3. Date Incorporated or Qualified 02/20/1975	4. FEI Number 13-1574215	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing <input type="checkbox"/>	7. Additional Fee Required \$8.75 8. May Be Added to Fees \$5.00
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent TAUMAN, HARVEY 1001 YAMATO ROAD #403 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name Burns, Thomas G. 82 Street Address (P.O. Box Number is Not Acceptable) 1001 Yamato Rd. #403 83 84 City Boca Raton FL 85 Zip Code 33431
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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 *Thomas G. Burns* VP Finance 1-8-98
 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 NAME TAUMAN, HARVEY STREET ADDRESS 6472 NW 32 WAY CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Banakus, Richard 1.3 STREET ADDRESS 1001 Yamato Rd. #403 1.4 CITY-ST-ZIP Boca Raton FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SDV NAME PRASAD, CHAUDHURY MUKESH STREET ADDRESS 9801 NW 58TH CT CITY-ST-ZIP PARKLAND FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Egede, Mark 2.3 STREET ADDRESS 2505 Vineyard Road 2.4 CITY-ST-ZIP Novato CA 94952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LEB, SAMUEL M.D. STREET ADDRESS 1905 S OAK HAVEN CIR CITY-ST-ZIP N MIAMI BCH FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Fox, Charles 3.3 STREET ADDRESS 39-08 Tierny Place 3.4 CITY-ST-ZIP Fair Lawn, NJ 07410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FUJIR, FRANK STREET ADDRESS 19975 NE 10 PLACE WAY CITY-ST-ZIP N MIAMI BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Johnston, Charles 4.3 STREET ADDRESS 706 Ocean Drive 4.4 CITY-ST-ZIP Juno Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CARDERO, NESTOR STREET ADDRESS 11780 S.W. 89TH STREET CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CACCAMO, JOSEPH STREET ADDRESS 1001 YAMATO ROAD #403 CITY-ST-ZIP BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas G. Burns* 1-8-98 561-994-6191

CR2E034 (10/97)