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

**PROFIT CORPORATION** ANNUAL REPORT

1997

HYDIL, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F67072

1. Corporation Name

(1)

Mailing Address

## **FILED** Feb 06 1997 8:00am Secretary of State

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3780 TAMPA RO PO BOX 850 OLDSMAR FL 3		3780 TAMPA RD., #8-106 PO BOX 850 OLDSMAR FL 34677-0015						
OLDOWNII 12 0		OLD WITH TE STOTE OF THE			Date Incorporated or Qualified     02/15/1982	3a. Date of Las 04/08/1996		
2. Principal Pi	ace of Business	2a, Mailing Address		T	4. FEI Number		Applied For	
21		26			59-2282804		Not Applicable	
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27				5. Certificate of Status Desired Fee Requirements				
City & State	City & State City & State				Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country 25		Countr 30	y 		Yes 🔲 No	r s. 199.032,	
	g, Name and Address of Curre	10. Name and Address of New Reg	istered Agent					
	O ATAMASIO		81	Name				
ALBA CONSULTING CORP. 1420 COURT STREET				Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
1	ARWATER FL 34616		83					
			84	City		FL es Z	ip Code	
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named co	rporation submits this statement for the pu	rpose of changin	g its registered	
office or re agent I al	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a jations of, Section 607.0505, Flo	utnorizeo ti rida Stat⊍té	y tne corpor is.	ation's board of directors. I hereby accep	tine appointment	as registered	
SIGNATURE								
	Signature, typed or printed name of registered ag			pent signature req	juired when reinstating)	DATE	000 11140	
12.	D OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Chang		
NAME	DEWAR, IAN	La becele	1.2 NAME	}			,,	
STREET ADDRESS	81 GRANTON DR. UNIT #3			T ADDRESS				
City-St-ZiP	RICHMOND HILL, ONT.		1.4 CITY	1				
TITLE	D	☐ DELETE	2.1 TITLE			Chang	ge Addition	
NAME	MENDELOW, MARTIN		2.2 NAME					
STREET ADDRESS	146 W BEAVER CRK RD		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	RICHMOND HILL, ONTARIO		2 4 CITY	-ST-ZIP			1 (33%)	
TITLE	D DOONE POREDT	☐ DELETE	3.1 TITLE			Chang	ge	
NAME STUGET LIDEOUGE	Brodie, Röbert 81 Granton Dr. Unit #3		3.2 NAME	- 1				
STHEET ADDRESS CITY-ST-ZIP	RICHMOND HILL, ONT.		3.4. CITY	T ADDRESS				
TITLE	DS	☐ DELETE	4.1 TITLE	D(-Til		Chan	ge Addition	
NAME	FREEDMAN, DAVID	_	4. 2 NAMI	:		<del></del>		
STREET ADDRESS	65 OVERLEA BLVD. STE 300			T ADDRESS				
CITY - ST - ZIP	TORONTO, ONTARIO 00000		4.4 CITY -	ST-ZIP				
Title		☐ DELETE	5.1 TITLE			Chan	ge Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADORESS				
CITY-SI-ZIP		☐ DELETE	5.4 CITY-			Chan	ge Addition	
TITLE		□ DETEIF	6 1 TITLE	1		L) Chari	Ac ("") WOO(00))	
NAME Store apprece			6.2 NAME	T ADDRESS	•			
STREET ADDRESS								
CITY-ST-ZIP			6.4 DITY-	01+48				

14. I do hereby certify that the information supplied with this filling 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 an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR