

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001430 (6)**

1. Corporation Name

HYDRON DIRECT, INC.



Principal Place of Business

Mailing Address

**941 CLINT MOORE ROAD
BOCA RATON FL 33487**

**941 CLINT MOORE ROAD
BOCA RATON FL 33487**

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **1001 Yamato Rd.**

26 **1001 Yamato Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 403**

27 **Suite 403**

City & State

City & State

23

28

Zip

Country

Zip

Country

24 **33431**

25

29 **33431**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of the president, officer, or registered agent, or both, as applicable.

(If the Registered Agent's signature is required when not at the office.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PC

NAME

TAUMAN, HARVEY

STREET ADDRESS

941 CLINT MOORE ROAD

CITY-ST-ZIP

BOCA RATON FL 33487

TITLE

VD

NAME

TAUMAN, RICHARD

STREET ADDRESS

941 CLINT MOORE ROAD

CITY-ST-ZIP

BOCA RATON FL 33487

TITLE

SDV

NAME

PRASAD, CHAUDHURY M

STREET ADDRESS

941 CLINT MOORE ROAD

CITY-ST-ZIP

BOCA RATON FL 33487

TITLE

V

NAME

GRAY, KAREN

STREET ADDRESS

941 CLINT MOORE ROAD

CITY-ST-ZIP

BOCA RATON FL 33487

TITLE

CFO

NAME

BURNS, THOMAS G

STREET ADDRESS

941 CLINT MOORE ROAD

CITY-ST-ZIP

BOCA RATON FL 33487

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

1001 Yamato Rd. #403

Boca Raton FL 33431

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*****225.00**

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 &
Harvey Tauman President

6-14-96

561-994-6191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (3/96)