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**PROFIT** CORPORATION ANNUAL REPORT

1999

HYDRON DIRECT, INC.

1. Corporation Name



DOCUMENT # F9500001430

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90082 040 \*\*\*150.00

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Principal Place	e of Business	Mailing Add	ress								IBIDI ILEH	91 JUE #1	
1001 YAMATO I		1001 YAMAT	O RD										
SUITE 403 SUITE 403							1						
BOCA RATON FL 33431 BOCA RATON FL 33431								DO NOT WRITE IN THIS SPACE					
								Incorporated o  3/1995	r Qualifed				
2. Principal Pl	lace of Business	2a. Mailing A	Address				4, FEIN	lumber		_		Appl	ied For
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City & State	e	City & S	tate					on Campaign	-	Π '			lay Be
23		28						Fund Contribu				ed to	Fees
Zip	Country	Zip		Cou	intry		1 .	corporation ow		ent year Int		п	BNO
24	25	29		30	_			onal Property T		<del></del>	Yes		ZN0
	9. Name and Address of Curren	t Registered Ag	e <u>n</u> t		041	41	10. Nam	e and Addres	s of New R	legistered	Agent		
0.10	NC THOMAS S				81	Name							,
BURNS, THOMAS G					82	Street A	Address (P.O. Box Number is Not Ad			ble)			
	HYDRON TECHNOLOGIES, INC.	•								_			
	YAMATO ROAD, SUITE 403				83								
ВОС	A RATON FL 33431				84	City	·				85	Zip Co	ode
						•				<u> </u>			
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508,	Florida Statut	es, the al	bove	e-named c	corporation submartion's board of	nits this statem I directors. I he	ent for the reby accer	purpose of at the appoi	changin <sub>i</sub> ntment a	g its re is regi:	egistered stered
agent. La	m familiar with, and accept the obligation	tions of Section (	307 0505 Flo	rida Statı	utes.	uio ooipoi		anobio.	,			•	Į.
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SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.		: Registered			quired when reinstatin			DATE			
SIGNATURE	OFFICERS AN	nt and title if applicable.	(NOTE	Registered	l Agent			9) IONS/CHANG	ES TO OF		****		
SIGNATURE 12. TITLE	OFFICERS AN	nt and title if applicable.		13.	I Agent				ES TO OF		ID DIRE		S IN 12
SIGNATURE	OFFICERS AN VD TAUMAN, RICHARD	nt and title if applicable.	(NOTE	13. 1.1 TII	I Agent TLE AME	t signature red			ES TO OF		****		
SIGNATURE 12. TITLE	OFFICERS AN VD TAUMAN, RICHARD #403	nt and title if applicable.	(NOTE	13. 1.1 TII	I Agent TLE AME				ES TO OF		****		
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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 attackment with an address, with all other like empowered.

SIGNATURE:

561-994-6191

Daytime Phone #