


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

05-17-1999 90001 025 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F99000000384		
1. Corporation Name Hydro Aluminum Hycot, Inc.		

Principal Place of Business	Mailing Address
100 Guss Hipp Blvd. Rockledge, FL 32955-4701	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
4. FEI Number 59-3505414	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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301-2525	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD Dennis Herron
STREET ADDRESS	100 Guss Hipp Blvd.
CITY-ST-ZIP	Rockledge, FL 32955-4701
TITLE	<input type="checkbox"/> DELETE
NAME	D Odd Gullberg
STREET ADDRESS	100 N. Tampa St., Ste 3200
CITY-ST-ZIP	Rockledge, FL 32955-4701
TITLE	<input type="checkbox"/> DELETE
NAME	D Per Kiel
STREET ADDRESS	Oslo Norway
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	D Rune Andersson
STREET ADDRESS	Oslo, Norway
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	ST Lisa Douberly
STREET ADDRESS	100 Guss Hipp Blvd.
CITY-ST-ZIP	Rockledge, FL 32955-4701
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AS Karen Hubner
1.3 STREET ADDRESS	100 N. Tampa St., Suite 3200
1.4 CITY-ST-ZIP	Tampa, FL 33602
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AT Peter Lohk
2.3 STREET ADDRESS	100 N. Tampa St., Ste 3200
2.4 CITY-ST-ZIP	Tampa, FL 33602
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Karen D. Hubner 4/22/99 813-222-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)