**FILED** 

Sept. 4, 1998 49-40-7718-2916

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Sep 10 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K67024 (5) HYDRO DATA, INC. Principal Place of Business Mailing Address % HERBERT W. LARSON. ESQUIRE % HERBERT W. LARSON, ESQUIRE 7381 114TH AVENUE NORTH. SUITE 406 7381 114TH AVENUE NORTH, SUITE 406 **LARGO FL 33773** LARGO FL 33773 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/15/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0107570 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo 25 30 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LARSON, HERBERT W. 7381 114TH AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 406 83 **LARGO FL 33773** 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE \_\_ Change \_\_ Addition \_\_\_ DELETE QUST, DR. GISELHER NAME 1.2 NAME WASMERSTR 1 1.3 STREET ADDRESS STREET ADDRESS HAMBURG, GERMANY 21079 1.4 CITY-ST-ZIP CITY-\$1-ZIP TITLE DELETE 2.1 TITLE Change Addition **GUST, GERTRUD** NAME 2.2 NAME WASMERSTR 1 STREET ADDRESS 2.3 STREET ADDRESS HAMBURG, GERMANY 21079 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-\$T-ZIF 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE **6.1 TITLE** Change Addition NAME 6.2 NAME STREET ADDRESS 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.

SIGNA Chirelle Cylist

SIGNATURE: