FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010089 (8)

1. Corporate Name
HYDRIPLEX, INC.

Principal Place of Business
70 BRISTOL DR
BOYNTON BEACH FL 33436

Mailing Address
70 BRISTOL DR
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21 60 Threepence Drive
Suite, Apt. #, etc.
22
City & State
23 Melville, New York
Zip 24 11747 Country 25 USA

2a. Mailing Address c/o Jeffrey Haiken
26 60 Threepence Drive
Suite, Apt. #, etc.
27
City & State
28 Melville, New York
Zip 29 11747 Country 30 USA

4. FEI Number: 76-0429168 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NASSBERG, SHEILA
70 BRISTOL DR
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
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 607.0505 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	HAIKEN, JEFFREY L	2 NAME	
STREET ADDRESS	60 THREEPENCE DR	2 STREET ADDRESS	
CITY, ST, ZIP	MELVILLE NY 11747	2 CITY, ST, ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	CROWLEY, JOHN S	3 NAME	
STREET ADDRESS	14730 SANDY CREEK DR	3 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX 77070	3 CITY, ST, ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	NASSBERG, SHEILA	4 NAME	
STREET ADDRESS	70 BRISTOL DR	4 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BEACH FL 33436	4 CITY, ST, ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	GROSS, FELICIA	5 NAME	
STREET ADDRESS	LAKE ST	5 STREET ADDRESS	
CITY, ST, ZIP	GOLDENS BRIDGE NY 10526	5 CITY, ST, ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY, ST, ZIP		6 CITY, ST, ZIP	
TITLE		7 TITLE	☐ Change ☐ Addition
NAME		7 NAME	
STREET ADDRESS		7 STREET ADDRESS	
CITY, ST, ZIP		7 CITY, ST, ZIP	

14. I 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)(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 addition.

SIGNATURE: Jeffrey L. Haiken 4/28/95 516 643 5036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264266 CP