FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000079435 (1)

HYDROCELL OF FLORIDA, INC.



Principal Place of Business					
1121 ERMINE AVE					

1121 ERMINE AVE WINTER SPRINGS FL 32708

Mailing Address

				Į.	
				 Date Incorporated or Qualified 10/27/1994 	3a. Date of Last Report 04/06/1995
2. Principal Place of Business	2a. Mailing Address	5		4. FE! Number	Applied For
21	26			59-3277565	Not Applicat
Surte, Apt. #, etc.	Suite, Apt. #, el	te.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Country 29 30		This corporation has liability for in Florida Statutes		
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent
		81	Name		
KIPI, JEFFREY T 1759 W BROADWAY SUITE 8		62	Street Address (P.O. Box Number is Not Acceptable)		
OVIEDO FL 32765		83			
		84	City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Ele familiar with, and accept the obligations of, Sc 	orida. Such change was au	ithorized by the corpo	amed corpo iral-on's boa	ration submits this statement for the pur and of directors. Thereby accept the appo	pose of changing its registered of pintment as registered agent. I am

,12.	OFFICERS AND DIREC	CHORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[] DELETE	1.1 THE	Change Addition
NAME	HANNA, BARRY		1.2 NAME	
STREET ADDRESS	1121 ERMINE AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		14 CHY ST-ZP	
TITLE		DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CHY+ST-ZIP	
TITLE		DELETE	3 1 TOTLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3 4 CITY - ST - ZIP	
T.11, E		☐ DELETE	4 1 TITLE	500001831465 Addition
NAMÉ			4.2 NAME	-05/21/9601038009
STREET ADDRESS			4.3 STREET ADDRESS	***225.00
CITY-ST-ZIP			4.4.011Y - ST - 71F	
TITLE		□ DELETE	5 1 T (LE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	•
CITY-SI-ZIP			5.4 Ci1 Y - S1 - ZiP	
TITLE		☐ DELETE	6 1 101LF	Change Addition
NAME.			6.2 NAME	('A()
STREET ADDRESS			6.3 STREET ADDRESS	
CITY CT 34D			6.4 CiTy - S1 - ZiP	') \ \ '

14. Ido 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). Floridh Statutes. I further certify that the information indicated on this annual report or supplicmental 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 of 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 a affactment with an address.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 401696 7820

R2E034 (12/95)