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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:01

DOCUMENT # **P94000084476 (8)**

1. Corporation Name
INTEGER-1, INC.

Principal Place of Business
~~1750 UNIVERSITY DRIVE SUITE 201~~
~~CORAL SPRINGS FL 33071~~
33065

Mailing Address
1750 UNIVERSITY DRIVE SUITE 201
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business		Mailing Address	
21	7770 W. Oakland Park Blvd	26	7770 W. OAKLAND PARK BLVD
Suite, Apt. #, etc. 22	Suite 270	27	Suite 270
City & State 23	FT. LAUDERDALE FL	28	FT. LAUDERDALE, FL
Zip 24	33351	25 Country	29 33351 30 Country

4. FEI Number: 65-0572041 — 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MEISLER SMITH O'HARE PA
1750 UNIVERSITY DRIVE SUITE 201
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Meisler Smith, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 10211 West Sample Road
83 Suite 212
84 City: Coral Springs FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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] 5/30/95
Date
Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KAVALIN, DAVID	12 NAME	
STREET ADDRESS	7770 W OAKLAND PARK BLVD	13 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL 33351	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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 address.

SIGNATURE: [signature] DAVID KAVALIN 5/31/95 (305) 741-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114010 CP

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **P94000084739 (9)**

1. Corporation Name

HYDRO ACTIVE, INC.

Principal Place of Business	Mailing Address
531 21ST AVE. SOUTH NAPLES FL 33940	531 21ST AVE. SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 65-0548892 ☐ 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

BRIGGS, IAN
531 21ST AVENUE SOUTH
NAPLES FL 33940

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 607.0502 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: JAN BRIGGS, PRESIDENT X _____ 4/30/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required for new registration) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JAN BRIGGS	12 NAME	
STREET ADDRESS	531 21ST AVE S.	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL. 33940	14 CITY ST ZIP	
TITLE	VICE-PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	STEVE FULLER	22 NAME	
STREET ADDRESS	SNOOK DR. 2150	23 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL. 3394	24 CITY ST ZIP	
TITLE	TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	JOERG WIEBE	32 NAME	
STREET ADDRESS	531 21ST AVE S.	33 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL. 33940	34 CITY ST ZIP	
TITLE	SECRETARY	41 TITLE	☐ Change ☐ Addition
NAME	TOM KLINEDINST	42 NAME	
STREET ADDRESS	ESCOBAR DR. 4796	43 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL. 339	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: X _____ 4/30/95 813-262-2498
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0337854 CP