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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000084739 (9)

| HYDRO ACTIVE, INC.  Principal Place of Business Mailing Address   |   |   |                                     |   |  |  |  |  |                                     |                                       |                          |                   |                                     |                                       |
|---|---|---|-------------------------------------|---|--|--|--|--|-------------------------------------|---------------------------------------|--------------------------|-------------------|-------------------------------------|---------------------------------------|
| 6 SAN MIGUEL WAY 7538 SAN MIGUEL WAY PLES FL 33942 NAPLES FL 34109-7162   |   |   |                                     |   |  |  |  |  |                                     |                                       |                          |                   |                                     |                                       |
|   |   |   |                                     |   |  |  |  |  | 3. Date Inc                         | orporated or Q                        | ualified                 |                   | e of Last I<br>3/1996               | Report                                |
| Principal   | Place of Busin  | ess   | 2                                   | a. Mailing Addr   | ess  |  |  |  | 4. FEI Num                          |                                       |                          | h                 |                                     | pplied For                            |
| Suite, Ap   | st # este   |   | 26                                  | Suite, Apt. #,  | oto  |  |  |  | 65-05                               | 48892                                 |                          | <del></del>       |                                     | ot Applicat                           |
| Suite, Ap   | A # Cit.  |   | 27                                  | -1  | , etc.                                       |  |  |  | 5. Certifica                        | te of Status De                       | sired                    |                   |                                     | Additional<br>lequired                |
| City & St   | late  |   |                                     | City & State  |  |  |  |  | 6. Election                         | Campaign Fina                         | ancing                   |                   | \$5.00                              | May Be                                |
|   | ····-   | r 1152  | 28                                  |   |  |  | _  |  | Trust Fu                            | nd Contribution                       | 1                        |                   | Added                               | to Fees                               |
| Ζφ  | }   | Country   |                                     | Zip<br>T  | -  | Сои<br><b>30</b>   | ntry   |  | 8. This cor<br>Florida S            | poration has lia                      |                          | tangible t<br>Yes |                                     | s. 199.032,                           |
|   |   | 25<br>and Address   | 29<br>of Current Reg                |   |  | 30]  |  | :  |                                     | nd Address of                         |                          |                   |                                     |                                       |
| BRI   | IGGS, IAN   |   |                                     |   |  |  | 81 N   | lame   |                                     |                                       |                          |                   |                                     | ,                                     |
| 531   | 1 21ST AVEN   |   |                                     |   | -  | Ì  | <b>82</b> S  | treet Addr   | ess (P.O. Box I                     | Number is Not A                       | Acceptable               | e) /              |                                     | i i                                   |
| NA  | PLES FL 339   | 40  |                                     |   |  |  |  |  |                                     |                                       |                          |                   |                                     | · · · · · · · · · · · · · · · · · · · |
|   |   |   |                                     |   |  |  | 83   |  |                                     |                                       |                          | /                 |                                     |                                       |
|   |   |   |                                     |   |  |  | <b>84</b> C  | ity  | <u> </u>                            |                                       |                          | FL                | <b>85</b> Zip                       | Code                                  |
| Pursuar   | nt to the provise   | one of Section  | o 607 0500                          |   |  |  |  |  |                                     | 11.1                                  |                          |                   | changing                            | its registere                         |
|   |   |   |                                     | l 607 1508. Floria  | da Statute                                   | s the at   | oove-na  | amed corr  | oration submit                      | s tois statement                      | for the bu               |                   |                                     |                                       |
| office of   | r registered ag   | ent, or both, in  | the State of Flo                    | orida Such chan   | nge was a                                    | uthorized  | d by the   | amed corp<br>e corporat  | oration submit<br>tion's board of ( | s this statement<br>directors. I here | tor the puriby accept    | the appo          | intment a                           | s registered                          |
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