

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> * Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000014667 (5)**  
 1. Corporation Name  
**HYDRO DRIVE, INC.**



Principal Place of Business <b>301 S. MIRAMAR AVE SUITE 304 INDIALANTIC FL 32903</b>	Mailing Address <b>301 S. MIRAMAR AVE SUITE 304 INDIALANTIC FL 32903-3263</b>
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/15/1996</b>	3a. Date of Last Report
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3445789</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THOMPSON, LYNNE R ESO. 620 E. NEW HAVEN AVENUE MELBOURNE FL 32901</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELLA-CIOPPA, MICHAEL J</b>	1.2 NAME	
STREET ADDRESS	<b>301 S. MIRAMAR AVENUE, SUITE 204</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICCIUTO, ALAN J</b>	2.2 NAME	
STREET ADDRESS	<b>1900 ACADEMY STREET, NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARABETTA, D. SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>1093 JUPITER BLVD., NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.  
**MICHAEL DELLA-CIOPPA**  
 4/29/97 407-726-9119

CR2E034 (9/96)