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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000065567 (5)

HYDROFLORA, INC.

Principal Place of Business

1252 SE 12TH WAY

Mailing Address

1252 SE 12TH WAY

FILED May 28 1997 8:00am Secretary of State



FT LAUDERDALE FL 33318		FT LAUDERDALE FL \$3316-2102							
					3. Date Incorporated or Qualified 08/05/1996	3a. Date	of Last R	eport]
	ace of Business	2a. Mailing Appress	11/ 5	40	4. FEI Number	_	Ap	plied For	1
21 ///0	SE 11/19 2+	26 JAUL	454	1	165-068013	9	No	t Applicable]
Suite, Apt. #, etc. Suite, Apt. #, etc. 22			¢ •		5. Certificate of Status Desired	S8.75 Additional Fee Required			
City & State City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 35	25 U.S/7	Zip 30	Country			Yes 🔲	No	. 199.032,	
	9. Name and Address of Curren	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	platered Ar	<u>jent</u>		4
	B, BONNIE		81	Name	•				
	2 SE 12TH WAY		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)			1
ភ្ជា	AUDERDALE FL 33316		83						-
			84	City		FL	85 Zip (Code	-
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above	-named con	poration submits this statement for the p	urpose of c	hanging it	is registered	-
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblige	of Florida. Such change was authations of, Section 607.0505, Florid	horized by ia Statutes	the corpora	ition's board of directors. I hereby accep	t the appoi	ntment as	registered	
SIGNATURE	Signature Types or printed name of registered age			ini signalure requ	ired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D		· · · · · · · · · · · · · · · · · · ·	- 8
THE	D DOMBIE	DELETE	1.1 TOLE			L.	Change	Addition	CROENSA (9/96)
NAME	LAMB, BONNIE 1252 SE 12TH WAY ///O	55 156 St.	1.2 NAME	.					Š
STREET ADDRESS	1202 SE 121H WAT ///	Je and	1.3 STREET	ADDRESS					ŭ
CITY-S1-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-S	T-Z#P			7.6	T A a second	٦þ
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STREET ADORESS			3.3 STREET						
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CITY - ST - ZIF			4.4 CITY-5	IT-ZIP			T Change	1443.55	\dashv
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STEET ADDRESS			5.3 STREET	ADDRESS					
CITY: \$1-2IF			5.4 DITY-S	ST-ZIP				7 2 2 2 2 2 2	4
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NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY: ST-ZIP			6.4 CITY - S						
14. I do herek	by certify that the information supplie	d with this filing does not qualify f			ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	1

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 of Lam 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