

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

FILED  
May 15 1998 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P97000054009 (0)

1. Corporation Name

AMERICAN HYDROCULTURE, INC.



|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>496 PALM SPRINGS DR., STE.100<br>ALTAMONTE SPRINGS FL 32701 | Mailing Address<br>496 PALM SPRINGS DR., STE.100<br>ALTAMONTE SPRINGS FL 32701 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                         |  |                                                                                                                                                                            |  |                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| 2. Principal Place of Business<br>21 4296 S.W. LEIGHTON FARM AVE (same)<br>22 Suite, Apt. #, etc.<br>23 Palm City FL<br>24 34990 25 USA |  | 2a. Mailing Address<br>27 (same)<br>28 FL<br>29<br>30                                                                                                                      |  | 3. Date Incorporated or Qualified<br>06/17/1997 |  |
|                                                                                                                                         |  | 4. FEI Number<br>650773562                                                                                                                                                 |  | Applied For<br>Not Applicable                   |  |
|                                                                                                                                         |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  |  | \$8.75 Additional Fee Required                  |  |
|                                                                                                                                         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         |  | \$5.00 May Be Added to Fees                     |  |
|                                                                                                                                         |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                                 |  |

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD. #211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name  
GERALD J. TABBERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
114 S. RIO MAR CT  
83  
84 City  
PT ST. LUCIE FL 85 Zip Code  
34990

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  GERALD J. TABBERT 4/30/98

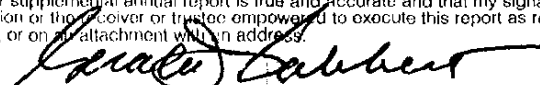
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

|                                                                                                                                      |                                            |                                                                                                                                                                                  |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                                                                           |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                            |                                                                              |
| TITLE<br>D<br>NAME<br>HINES, J. PAUL<br>STREET ADDRESS<br>496 PALM SPRINGS DR., STE.100<br>CITY-ST-ZIP<br>ALTAMONTE SPRINGS FL 32701 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>PRESIDENT (DIRECTOR)<br>1.2 NAME<br>EDWARD C. BLAME<br>1.3 STREET ADDRESS<br>3892 SW. 42ND AVE<br>1.4 CITY-ST-ZIP<br>PALM CITY, FL 34990                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> DELETE            | 2.1 TITLE<br>VICEPRES., SECRETARY & TREASURER (DIRECTOR)<br>2.2 NAME<br>GERALD J. TABBERT<br>2.3 STREET ADDRESS<br>114 S. RIO MAR CT<br>2.4 CITY-ST-ZIP<br>PT ST. LUCIE FL 34952 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> DELETE            | 3.1 TITLE<br>DIRECTOR<br>3.2 NAME<br>HANS HOLMBERG<br>3.3 STREET ADDRESS<br>ERISSTIGEN 1C<br>3.4 CITY-ST-ZIP<br>LINDBOG, SWEDEN S-18162                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>DIRECTOR<br>4.2 NAME<br>BERNARD RUDD<br>4.3 STREET ADDRESS<br>13 GLENSIDE DRIVE<br>4.4 CITY-ST-ZIP<br>WEST ORANGE NJ 07052                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I 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 collector 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:  April 30, 1998

CP2E034 (10/97)