## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



CORPC ANNUAL	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE  Sandra B Mortham  Secretary of State  DIVISION OF CORPORATIONS							
DOCUMENT # \$26829 (9)  1. Corporation Name HYDRO CUTTING CORPORATION										
Principal Place of Business 7613 PROFESSIONAL PL TAMPA FL 33637-6750 US			Mailing Address 7813 PROFESSIONAL PL TAMPA FL 33637-6750 US				Date Incorporated or Qualified	<b>3a</b> . Da	ate of Last Repo	
		-4	The Marian Address				01/22/1991 4. FEI Number			plied For
2. Principal Place	e of Business		2a. Mailing Address 26				59-3126066		<del></del>	nt Applicable
Suite. Apt. #,	etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
<b>23</b> Zip		Country	<b>28</b> Z <sub>1</sub> p	Cou	ntry		8. This corporation has liability for	r intangible	tax under s 1	99.032,
24	25		29	30			10. Name and Address of New			
	9. Name and	Address of Current	Registered Agent		81 Name		10. 11.			
BOOS, FR 7813 PRO TAMPA FL	EDERICK A. FESSIONAL 33637		82 Street Address 83 84 City			s (P.O. Box Number is Not Accepta		85 Zip	Code	
or registerer familiar with	n, and accept the	b, in the State of Florida ne obligations of, Section and the Colleget real agrad a OFFICERS AND	n 607,0505, Florida Statute  n ture tags at	S.	corporation's		ion submits this statement for the p of directors. Thereby accept the ap demonstration.  ADDITIONS/CHANGES TO O	ĒA!		
TITLE NAME	BOOS, FRI	EDERICK A. ESSIONAL PL	☐ DELETE	121	title Name Street adoress	ş				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	200,070.2		1.4	OTY - ST - ZIP				[7] Change	Addition
TITLE NAME STREET ADDRESS			DELETE	2 2 2 3	TITLE NAME STREET ADDRESS	s			Onesign	<b>_</b>
CITY - ST - ZIP TITLE NAME			DELETE	3 1 32	city-St-Zip Title Name Street Addres	\$5			☐ Change	Addition
STREET ADDRESS  CITY-ST-7IP  TITLE			DELETE	4	CITY - ST - ZIF TITLE NAME				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	5	STREET ADDRES CITY+ST-ZIP FTITLE	SS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5	NAME   STREET ADDRES   CITY - ST-ZIP   TUTLE	SS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				6	2 NAME 3 STREET ADDRE	- 1	for the exemption stated in Section	119 07(3)	k), Florida Statu	utes. I further

6.114. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 Or(a)(R), Florida Statutes: Industries and the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and a source and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and a source and that my signature shall have the same legal effect as if made under the same

SIGNATUBE:

3-25-96 813-985-4500