

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S86826** (2)  
1. Corporation Name  
**HYDRO AGRI NORTH AMERICA, INC.**



Principal Place of Business <b>100 N. TAMPA STREET 3200 TAMPA FL 33602 US</b>	Mailing Address <b>100 N. TAMPA STREET 3200 TAMPA FL 33602 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/11/1991</b>	
4. FEI Number <b>59-3090631</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACH, BJORN  
100 NO. TAMPA ST., SUITE 3200  
~~UNIT 2405~~ Delete  
TAMPA FL 33602**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, BJORN</b>	1.2 NAME	
STREET ADDRESS	<b>100 N. TAMPA STREET, SUITE 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOERBOTTEN, AUDUN</b>	2.2 NAME	
STREET ADDRESS	<b>BYGDOY ALLE 1, N-0240</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSLO, NORWAY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STORVIK HALLGEIR</b>	3.2 NAME	<b>Jorgen Rostrup</b>
STREET ADDRESS	<b>BYGDOY ALLE 2, N-0240</b>	3.3 STREET ADDRESS	<b>Bygdoy Alle 2,</b>
CITY-ST-ZIP	<b>OSLO NO</b>	3.4 CITY-ST-ZIP	<b>Oslo, Norway</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALMAR KYLLING</b>	4.2 NAME	
STREET ADDRESS	<b>BYGDOY ALLE 2, N-0240</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSLO NO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAVAZUTI, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>BYGDOY ALLE 2, N-0240</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSLO NO</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Timothy J. Steiner</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>100 N. Tampa St., Suite 320</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>

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 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.

SIGNATURE  Timothy J. Steiner 4/15/98 813-222-5700

CR2E034 (10/97)