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

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)HYDRAULIC INDUSTRIES, INC. Principal Place of Business Mailing Address 2181 W. N. POWERLINE RD. 2181 N. POWERLINE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1992 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0305603 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SROCK, BRYAN J GRAZIZNO 1226 S.E. 12TH AVE 82 **DEERFIELD BEACH FL 33441** 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Prorida 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 forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I militar with a accept the obligations of Section 607.0505, Elorida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 Title PLESIDEN Y Change ORLANDI, GRAZIANO MAME 1.2 NAME 9501 PRIMROSE LANE STREET ADDRESS 1.3 STREET ADDRESS **MUNSTER IN** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE ORLANDI. GEORGE NAME 2.2 NAME 26760 MEGHAN CT. NORTH STREET ADDRESS 2.3 STHEET ADDRESS MONEE IL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Director NAME SROCK, BRYAN J. 3.2 NAME STREET ADDRESS 1226 SE 12TH AVENUE 3.3 STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Change Addition 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP 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 13 if changed, exponent attachment with an address.

FILED