

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90067 036 ***150.00

DOCUMENT # V03980

1. Corporation Name
HYDRAULIC INDUSTRIES, INC.

Principal Place of Business
2181 W. N. POWERLINE RD.
POMPANO BEACH FL 33069

Mailing Address
2181 N. POWERLINE
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number
65-0305603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORLANDI GRAZIANO
11610 NW 11TH STREET
PEMBROKE PINES FL 33026

81 Name DENISE JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)
14053 N. CYPRESS COVE CIRCLE

83

84 City DAYIE

FL 85 Zip Code 33325

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

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

DENISE JACKSON PRESIDENT

1/25/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME ORLANDI, GRAZIANO
STREET ADDRESS 9501 PRIMROSE LANE
CITY-ST-ZIP MUNSTER IN

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME DENISE JACKSON
1.3 STREET ADDRESS 14053 N. CYPRESS COVE CIRCLE
1.4 CITY-ST-ZIP DAYIE, FLORIDA 33325

TITLE ☐ DELETE
NAME ORLANDI, GEORGE
STREET ADDRESS 26760 MEGHAN CT. NORTH
CITY-ST-ZIP MONEE IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME SROCK, BRYAN J.
STREET ADDRESS 1226 SE 12TH AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99
Date

954-960005
Daytime Phone #

CR2E034 (11/98)

0165870