FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

"FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:12

DOCUMENT # V73205 (9)

1. Corporation Name
HYDROFORCE INC.

Principal Place of Business	Mailing Address
17095 DARLINGTON CT. 401 WEST LINTON BLVD BOCA RATON FL 33496 SUITE 203 US DELRAY BEACH FL 33444	17095 DARLINGTON COURT 401 WEST LINTON BLVD BOCA RATON FL 33496 SUITE 203, US DELRAY BEACH, FL 33444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1992	01/26/1994

2. Principal Place of Business	2a. Mailing Address
21 401 WEST LINTON BLVD.	26 401 WEST LINTON BLVD.
Suite, Apt. #, etc. 22 SUITE 203	Suite, Apt. #, etc. 27 SUITE 203
City & State 23 DELRAY BEACH FL	City & State 28 DELRAY BEACH FL
Zip 24 33444 Country 25 USA	Zip 29 33444 Country 30 USA

4. FEI Number	Applied For / Not Applicable
65-0367195	

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, ALAN 17095 DARLINGTON COURT BOCA RATON FL 33496	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	SIERSMA, WIL A.	12 NAME		
STREET ADDRESS	17023 BROOKWOOD DR.	13 STREET ADDRESS	5521 N. MILITARY TRAIL # 1107	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SIERSMA, GEETA	22 NAME		
STREET ADDRESS	17023 BROOKWOOD DR.	23 STREET ADDRESS	5521 N. MILITARY TRAIL, #1107	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	SCOTT, JILL	32 NAME		
STREET ADDRESS	17095 DARLINGTON CT.	33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP		
TITLE	DPV	41 TITLE		☐ Change ☐ Addition
NAME	SCOTT, ALAN D	42 NAME		
STREET ADDRESS	17095 DARLINGTON CT.	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: GEETA SIERSMA 3/3/95 407-272-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

000111 CP