

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90006 043 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000072656

1. Corporation Name  
**HAHN CONSTRUCTION ENGINEERING CONTRACTORS INC.**



Principal Place of Business: 23555 SOUTHWEST 153 COURT, HOMESTEAD FL 33032  
 Mailing Address: 23555 SOUTHWEST 153 COURT, HOMESTEAD FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/20/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0629829**  
 Applied For:  Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23. Zip

Country

28. Zip

Country

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

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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

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	PD	<input type="checkbox"/> DELETE
NAME	HAHN, FLOYD L	
STREET ADDRESS	23555 SOUTHWEST 153 COURT	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAHN, RICKEY A	
STREET ADDRESS	13491 SW 62ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAHN, MICHAEL	
STREET ADDRESS	12951 SW 251ST STREET	
CITY-ST-ZIP	PRINCETON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAHN, MAUREEN	
STREET ADDRESS	23555 SW 153RD CT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

*FLOYD L. HAHN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99 305-247-4272  
 Date Daytime Phone #

CR2E034 (5/99)