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**

DOCUMENT # J87654 1. Corporation Name

HAHL & DUGHAN, INC.

Principal Place of Business Mailing Address								, 1861119 61611 16611 16611			
1219 N.E. 4TH AVE. 1219 N.E. 4TH AVE.							`				
FT. LAUDERDALE FL 33304			FT. LAUDERDALE FL 33304				ļ	DO NOT WRITE IN THIS SPACE			
	•						Ì	3. Date Incorporated or Qualifed			
							1	08/11/1987			
2 Principal Pl	ace of Business	2a.	Mailing Address				\dashv	4, FEI Number		A	plied For
24	333 31 22 31 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	26						65-0003675		No	ot Applicable
Suite, Apt.	#. etc.	1	Suite, Apt. #, etc.			•	\neg				Additional
27								5. Certificate of Status Desired	————	-Fee Re	equired
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country Zip			Cou	Country			8. This corporation owes the curre	ent year Inta	4.2	_
24	25 29 30							Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Regis	stered Agent		1			10. Name and Address of New R	egistered /	Agent	
****	05000511				81	Name					1
HAHL, GEORGE H.					82	Street Ac	ddres	s (P.O. Box Number is Not Accepta	ble)		~
1219 N.E. 4TH AVE. FT. LAUDERDALE FL 33304											
FI. L	AUDERDALE FL 33304				83						
					84	City		-		85 Zip	Code
						1 1			<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 6	607.1508, Florida Statute	s, the a	bove	-named co	orpor	ation submits this statement for the	purpose of	changing its	registered egistered
office or r agent. 1 a	egistered agent, or both, in the State of m familiar with, and accept the obligat	tions of	f, Section 607.0505, Flori	ida Stat	utes.		adon	a board or directors. Thereby dooop	сию арроп		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					Agen	t signature requ	uired w		DATE	- ·	
12.				13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO ☐ Change	ORS IN 12 ☐ Addition
TITLE	PD	☐ DÉLETE 1.1			1.1 TITLE					☐ Change	
NAME	HAHL, PATRICIA			1.2 N							
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP					Change	Addition	
TITLE	STD	_			2.1 TTLE					Change	☐ Addition
NAME	THE OCCUPATION			2.2 NAME							
STREET ADDRESS	8660 NW 53RD COURT		2.3 \$1	2.3 STREET ADDRESS							
CITY-ST-ZIP	ORAL SPRINGS FL			2. 4 CITY-ST-ZIP			<u></u>	n	Change	Addition	
TITLE				3.1 TITLE					☐ cusuds	רו אינונוניניי רו	
NAME				3.2 N							ļ
STREET ADDRESS				3.3 ST	TREET	ADDRESS					
CITY-ST-ZIP					$\overline{}$	iT-ZIP				Change	Addition
TITLE			☐ DELETE	4.1 TI						Change	☐ Addibbis
NAME	,			4, 2 N	AME						į.
STREET ADDRESS				4.3 S	TREET	TADDRESS					
CITY-ST-ZIP				_	TY-S	T-ZIP				Chases	□ Addition
TITLE			☐ DELETE	5.1 TI						☐ Change	Addition
NAME				52 N				•			Ì
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					ITY-S	T-ZIP		····		Chance	A delition
TITLE			☐ DELETÉ	6.1 TI						☐ Change	☐ Addition
NAME	l			6.2 N	ame						J

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90073 001 ***150.00