

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P19326 (8)

1. Corporation Name
HAHN HEATHROW, INC.



Principal Place of Business 4350 L.J. VILLAGE DR STE 400 SAN DIEGO CA 92122-1233 US	Mailing Address 4350 L.J. VILLAGE DR STE 400 SAN DIEGO CA 92122-1233 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 05/20/1988	
4. FEI Number 33-0294367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGMAN, LEE H	1.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, ANDREW	2.2 NAME	
STREET ADDRESS	4350 LA JOLLA VILLAGE DR STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEMAN, DOUGLAS	3.2 NAME	
STREET ADDRESS	4350 L J VILLAGE DRIVE, #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODOY, WENDY	4.2 NAME	
STREET ADDRESS	4350 L J VILLAGE BLOULEVARD #400	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE FINLEY	5.2 NAME	
STREET ADDRESS	4350 L J VILLAGE BOULEVARD, #400	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, WILLIAM H	6.2 NAME	
STREET ADDRESS	4350 L J VILLAGE BOULEVARD, #400	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	

V Change Addition

Don S. Kovacic
 c/o Tax 4350 La Jolla Village Dr. # 400
 San Diego, California 92122-1233

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.

SIGNATURE: Don S. Kovacic, Vice President

05/01/98

(619) 546-1001

CR2E034 (10/97)