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Secretary of State

04-01-1999 90032 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000021609

1. Corporation Name
HURRICANE ENGINEERING CORPORATION



Principal Place of Business: 1111 S. FEDERAL HWY. #226 STUART FL 34994

Mailing Address: 1111 S. FEDERAL HWY. #226 STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2431 SE DIXIE HWY, Suite, Apt. #, etc.

2a. Mailing Address: 26 2431 SE DIXIE HWY, Suite, Apt. #, etc.

22 City & State: 23 STUART FL

27 City & State: 28 STUART FL

24 Zip: 34996 25 Country

29 Zip: 34996 30 Country

3. Date Incorporated or Qualified: 03/18/1993

4. FEI Number: 59-3173416 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

9. Name and Address of Current Registered Agent

JAMES COSENTINO
 1111 S. FEDERAL HIGHWAY
 SUITE 226
 STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: MATHERS, WILLIAM J.
~~JAMES COSENTINO~~

82 Street Address (P.O. Box Number is Not Acceptable): 2431 SE DIXIE HWY

83

84 City: STUART FL 85 Zip Code: 34996

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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/29/99

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MATHERS, WILLIAM J	
STREET ADDRESS	1111 S. FEDERAL HWY. SUITE 226	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COSENTINO, JAMES	
STREET ADDRESS	1111 S. FEDERAL HWY. SUITE 226	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2431 SE DIXIE HWY
1.4 CITY-ST-ZIP	STUART FL 34996
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2431 SE DIXIE HWY
2.4 CITY-ST-ZIP	STUART FL 34996
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)(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: *[Signature]* DATE: 3/29/99 DAYTIME PHONE #: (561) 287-0525

CRZE034 (1/98)