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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000037341 (3)

ROBERT HAHN & ASSOCIATES, INC.

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
1181 VIA SALERNO 1181 VIA SALERNO									
WINTER PARK		WINTER PARK FL 32789	-2663						
						3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report
					05/24/1993	06/	21/1996		
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt.	# Ale	Suite, Apt. #, etc.				59-3186921		····	ot Applicable
2	#, pic	27				5. Certificate of Status Desired			Additional equired
City & State	6	City & State	y & State			8. Election Campaign Financing	\$5.00 May Be		
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry	1	8. This corporation has liability to	intangible	tax under s	s. 199.032,
4	25 9. Name and Address of Currer	29	30			Florida Statutes 10. Name and Address of New R	Yes [
		it negisteren Agent		81	Name	IV. Name and Address of New h	ចវិទេខោសា រ	Agent	
	in, robert I via salerno			82					_
	TER PARK FL 32789				Street Addr	dress (P.O. Box Number is Not Acceptable)			
71117	IEI TANK LE OLI OU			63				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				84	City			85 Zip	Code
					- "	oration submits this statement for the ion's board of directors. I hereby according to the contract of the con	FL	. !]	
12.		D DIRECTORS	13.		ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND		
THILE	P	☐ DELETE	1.11	TLE				Change	Addition
NAM E	HAHN, ROBERT R		1,2 N	AME	ļ				
STREET ADORESS	1181 VIA SALERNO				T ADDRESS				
(H) 7 - ST - ZIP	WINTER PARK FL 32789 VST	DELETE	1.4 Ci 2.1 Ti		ST-ZIP			Change	Addition
TITLE NAME	HAHN, INEVETT P		2.1 H		ļ	•		CT CUBING	Las roution
STREET ADDRESS	1181 VIA SALERNO				T ADDRESS				
C(1) Y - S1 - Z(P	WINTER PARK FL 32789		2 40	ITY-:	SY-ZIP				
HTLE		☐ DELETE	317	TLE				Change	Addition
NAME			32 N						
STREET ADDRESS			1		T ADDRESS				
City-St-ZiP Tifle		DELETE	4,1 7	•	ST-ZIP			☐ Change	Addition
NAME			4.21					•	
STREET ADORESS			4.3 S	rreet	T ADDRESS	•			
C-FY-SY-ZIP					ST - ZIP			<u> </u>	11200
TI*LE		☐ DELETE	5.1 Ti		i			☐ Change	Addition
NAME CERTEX ADERECS			5.2 N		Y ADDOCCE				
STREET ADDRESS OFFY-ST-ZIP					T ADORESS ST-ZIP				
711LE	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	6.1 TI		J1 - ZIF			Change	Addition
NAME			6.2 N		1				
STREET ADDRESS			6.3 S	TREE	T ADDRESS				
CITY-S1-ZIF			640	TY-8	ST-ZIP				

I do 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.