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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90128 039 ***150.00

DOCUMENT	#	345	7 9	7
1. Corporation Name		0.0	. •	•

HORNED COLLIDATING OF FLORIDA INC

HOHNEH	LOOK MENT OF TE	OTHOR, HAO:							
Principal Place	of Business	Mailine	Address						I DIBII DIDII IDDI
5755 POWERLIN	IE ROAD	5755 PG	OWERLINE ROAD						
FORT LAUDERD	ALE FL 33309	FORT L	AUDERDALE FL 333	309				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed 05/07/1969	
2. Principal Pl	lace of Business	Ža. Ma	iling Address					4. FEI Number	Applied For
21		26						59-1234469	Not Applicable
Suite, Apt.	#, etc.	Su	te, Apt. #, etc.					5. Certificate of Status Desired	Additional
22		27						5. Certificate of Status Desired	Required
City & State	3	Cit	y & State					6. Election Campaign Financing \$5.0	May Be
23		28						Trust Fund Contribution Added	to Fees
Zip	Country	Zip		Cou	ıntry			8. This corporation owes the current year Intangible	
24)	25	29		30				Personal Property Tax.	□No
	9. Name and Address of	of Current Registere	d Agent		I,			10. Name and Address of New Registered Agent	
1/24					81	Nan	ne		1
	r, William a				82	Stre	et Addr	dress (P.O. Box Number is Not Acceptable)	
	POWERLINE ROAD						U (, , , , , , , , , , , , , , , , , , ,		
FT. L	AUDERDALE FL 33309				83		•		
					84	City		FL 85 Zip	Code
office or re	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	he State of Florida. S	uch change was a	uthorized	d by '	the co	ed corp rporation	rporation submits this statement for the purpose of changing it tion's board of directors. I hereby accept the appointment as	ts registered registered
SIGNATURE									
	Signature, typed or printed name of rec				Agen	t signati	re require	red when reinstating) DATE	CODE IN 12
12.		CERS AND DIRECTO	DRS DELETE	13.	~-			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	P		☐ DELETE	1.1 TI				□ Quange	- DAGGGG
NAME	KENT, WILLIAM	_		12 N/					i
STREET ADDRESS	5755 POWERLINE ROA	D.				ADORE	SS		
CITY-ST-ZIP	FT. LAUDERDALE FL			_	ITY-ST	T-ZIP			Addition
TITLE	VT			2.1 Ti				☐ Change	Addition
NAME	CHISLING, GARY		AME				{		
STREET ADDRESS	5755 POWERLINE RD	755 POWERLINE RD 238		TREET	ADDRE	ss			
CITY-ST-ZIP			mγ-s	T-ZiP					
TITLE	VS ☐ DELETE 3.1 TI		TLE			☐ Change	e ☐ Addition		
NAME	KENT, GERA 32 N		AME						
STREET ADDRESS	RESS 5755 POWERLINE RD.		TREET	ADDRE	ss				
CITY-ST-ZiP	FT, LAUDERDALE, FL 34.0		ITY-S	T-ZIP					
TITLE	<u> </u>		☐ DELETE	4.1 TI	TLE			☐ Change	e
NAME !				4.2 N	IAME		- 1		ł

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 an an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition

☐ Addition

Change

Change