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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 576497

(2)

HORNER DISCUS INTERNATIONAL, INC.

Principal Place of Business

5755 POWERLINE ROAD FORT LAUDERDLAE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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5755 POWERLINE ROAD FORT LAUDERDLAE FL 33308

**FILED** May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

4-19-98

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified 06/08/1978

59-1829127

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Z <sub>I</sub> p	Cou	ıntry		8. This corporation owes or	has paid the curr	ent year In	tangible
24	25	29	30			Personal Property Tax de			] No
9. Name and Address of Current Registered Agent						10. Name and Address of I	New Registered A	igent	
KENT, WILLIAM A.				81	Name				
5755 POWERLINE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33309				Щ					
				83					
				84	City			85 Zip	Code
				Ш	· · · · · ·		FL		
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 Stonature typed or printed name of registered agent and lifts if applicable (NOTE: Registered Apent sonature required when reinstating)  OATE									
Signature, typed or printed name of registered agent and left if applicable (NOTE: Registere  12. OF FICERS AND DIRECTORS  13.					nt signature req	ADDITIONS/CHANGES TO	DATE	DIRECTOR	29 IN 12
TITLE	P DELETE			1.1 TITLE		ADDITIONS/OTIANGES TO		Change	Addition
NAME	KENT, WILLIAM A.		1.2 N						
STREET ADDRESS	5755 POWERLINE ROAD				ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			ITY-\$1					
TITLE	VS	DELETE	2.1 (1					Change	☐ Addition
NAME	KENT, GERA		2.2 N	AME					
STREET ADDRESS	5755 POWERLINE ROAD		2.3 \$	REET	ADDRESS				
CITY-ST-ZIP	FT. LAUDEROALE FL		2.40	HTY-S	T-ZIP				
TITLE	VT	☐ DELETE	3.1 Ti	TLE				Change	Addition
NAME	CHISLING, GARY		3.2 N	AME					
STREET ADDRESS	5755 POWERLINE RD		3.3 S	rreet /	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. C	my-s	T-ZIP				
TITLE		DELETE	4,1 T(	TLE				☐ Change	☐ Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S	REET /	ADDRESS				
CITY-SI-ZIP				4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TI	TLE				Change	Addition
NAME			5.2 N	AME					:
STREET ADDRESS			5.3 S	REET /	ADDRESS				
CITY-ST-ZIP				TY-ST	r- ZIP			<del></del>	
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-SI		in Continue 440 07(0)(1) Free 24- 04-	t taa 14 milia :	416 - Ab = 1 41	information:
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.									