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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 831400

COMPUTER HORIZONS CORP.

Principal P ace of Business Mailing Address					_		11	i i Baril athli bibli i	HINEL KINIC INNI		
49 OLD BLC-OMFIELD AVE		49 OLD BLOOMFIELD AVE									
MOUNTAIN LAKES NJ 07046-1495		MOUNTAIN LAKES NJ 07()46-1495				DO NOT WRITE IN THIS SPACE					
US		US				3.	Date In	corporated or Qualif			
								7/1973			
2. Principal PI	lace of Business	2a. Mailing Address					FEIN			Ap	flied For
21		26					13-26	<u> 38902                                     </u>		Nc	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	5.	Certifc	ate of Status Desired		\$8.75	
22		27			_						ecluired
City & State	e	City & State				1		n Campaign Financir und Contribution	ng 🗀	\$5.00 Added	t/tay Be tc-Fees
23	Country	Zip	Cou	intry				proporation owes the	urrent vear		((-1 663
Zip	25 Country	29	30	,				al Property Tax.	dirent year	X Yes	□No
24	9. Name and Address of Curren		130	<u> </u>	_			and Address of Ne	w Register	ed Agent	
		<del>_</del>		81	Name			· <del></del>			
	PRENTICE-HALL CORPORATION	n system inc.	١	82	Street A	Ar dress (P	O Box	Number is Not Acce	eptable)		
	HAYS STREET			32	Juleet A	R Great II .	.0. 60		,,,,,,,		
	E 105			83							
TALL	AHASSEE FL 32301			84	City					<b>85</b> Zip	Code
				] ]	•				<u> </u>	L	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Stati	utes, the al authorized	bove-r	named one corpor	ccrporation ration's bo	submi ard of	is this statement for the statement for the statement of the statement of the statement for the statem	the purpose cept the ap	e of changing its pointment as re	g stered
agent. la	m familiar with, and a cept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.				·			
SIGNATURE							o in otatura	. —	FIATE		
	Signature, typed or printed name of registered age			l Agent s	signature re	red when re		ONS/CHANGES TO	DATE OFFICERS	AND DIRECTO	OF:S IN 12
12.	OFFICERS AI	ent and little if applicable. (NO NL) DIRECTORS	13.		signature re			·		AND DIRECTO	DF:S IN 12
12.	OFFICERS AF	NE) DIRECTORS	13.	TLE	signature re			·			
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12. TITLE NAME STREET ADDRESS	PD CASSESE, JOHN 49 OLD BLOOMFIELD AVE	NE) DIRECTORS  DELETE	13. 1.1 TI 1.2 NA 1.3 ST	TLE AME	DDRESS			·			Addition
12. TITLE NAME	PD CASSESE, JOHN	NE) DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST	TLE AME TREET A	DDRESS			·			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	ND DIRECTORS  DELETE	13. 1.1 TF 1.2 NA 1.3 ST 1.4 CF	TLE AME TREET A TY-ST-2 TLE	DDRESS			·		☐ Change	Addition
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14. I hereby certify that the information supplied with this filling 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 a lother like empowered.

SIGNATURE:

MOUNTAIN LAKES NJ

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR