FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 14 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004704 (3)**

1. Corporation Name
HORIZON CONSOLIDATED SYSTEMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3277 WEST END NJ 07740	P.O. BOX 3277 WEST END NJ 07740

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21: CRANBERRY COMMONS-BLDG A
22 Suite, Apt. #, etc.: 442 STATE HWY #35 SOUTH
23 City & State: EATONTOWN, NEW JERSEY
24 Zip: 07724
25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.: (SAME AS #2.)
29 City & State:
29 Zip:
30 Country:

4. FEI Number: 22-3251017
☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE		☒ Change ☐ Addition
NAME	OLCOTT, CYNTHIA	12 NAME	Olcott, Cynthia	
STREET ADDRESS	147 BRIGHTON AVE.	13 STREET ADDRESS	442 Hwy 35 So. Bldg. A	
CITY-ST-ZIP	WEST END NJ 07740	14 CITY-ST-ZIP	Eatontown, NJ 07724	
TITLE	CVS	21 TITLE		☒ Change ☐ Addition
NAME	SACCO, DIANE	22 NAME	Sacco, Diane	
STREET ADDRESS	147 BRIGHTON AVE.	23 STREET ADDRESS	442 Hwy 35 So., Bldg A	
CITY-ST-ZIP	WEST END NJ 07740	24 CITY-ST-ZIP	Eatontown, NJ 07724	
TITLE	DT	31 TITLE		☒ Change ☐ Addition
NAME	SACCO, ROBERT	32 NAME	Sacco, Robert	
STREET ADDRESS	147 BRIGHTON AVE.	33 STREET ADDRESS	442 Hwy. 35 So., Bldg. A	
CITY-ST-ZIP	WEST END NJ 07740	34 CITY-ST-ZIP	Eatontown, NJ 07724	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert Sacco ROBERT SACCO 4/9/95 (908)935-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066308 FP