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Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J63560 (3)  
1. Corporation Name  
HORIZONTAL TECHNOLOGIES, INC.



Principal Place of Business: 2309 HANCOCK BRIDGE PKWY, P O BOX 150820, CAPE CORAL FL 33915  
Mailing Address: 2309 HANCOCK BRIDGE PKWY, P O BOX 150820, CAPE CORAL FL 33915-0820

3. Date Incorporated or Qualified: 03/19/1987  
3a. Date of Last Report: 04/18/1996  
4. FEI Number: 59-2797620  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 4767 Pine Island Road, Suite, Apt. #, etc.  
22 City & State: Matlacha, FL  
23 Zip: 33993, Country: Lee  
24 25  
2a. Mailing Address: 26 4767 Pine Island Road, Suite, Apt. #, etc.  
27 City & State: Matlacha, FL  
28 Zip: 33993, Country: Lee  
29 30

9. Name and Address of Current Registered Agent: COTTRELL, JAMES L., 1633 SE 47TH TERR, CAPE CORAL FL 33904  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, PATRICIA ANN	1.2 NAME	
STREET ADDRESS	5260 S. LANDINGS DR 1701	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, DONALD R.	2.2 NAME	
STREET ADDRESS	5260 S. LANDINGS DR 1701	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, DAN K.	3.2 NAME	
STREET ADDRESS	4833 S.W. 11TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG F. RAWL	4.2 NAME	
STREET ADDRESS	5411 110TH AVENUE N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, DONALD MARK	5.2 NAME	
STREET ADDRESS	2727 NW 98TH LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE: Patricia A. Justice 2/19/97 941-283-5640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)