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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

2. Principal Place of Business

21 4767 Pine Island Road

Suite, Apt. #, etc.

22 City & State

23 Matlacha, FL

24 Zip 33993

25 Country Lee

2a. Mailing Address

26 4767 Pine Island Road

Suite, Apt. #, etc.

27 City & State

28 Matlacha, FL

29 Zip 33993

30 Country Lee

4. FEI Number

59-2797620

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

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

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	JUSTICE, PATRICIA ANN	
STREET ADDRESS	5260 S. LANDINGS DR 1701	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JUSTICE, DONALD R.	
STREET ADDRESS	5260 S. LANDINGS DR 1701	
CITY - ST - ZIP	FT MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JUSTICE, DAN K.	
STREET ADDRESS	4633 S.W. 11TH AVE	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREG F. RAWL	
STREET ADDRESS	5411 110TH AVENUE N.	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JUSTICE, DONALD MARK	
STREET ADDRESS	2727 NW 98TH LANE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97

941-283-5640

Date

Daytime Phone #

CR2E034 (9/96)