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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K02785

HORIZO	n realty group, inc.				•					
Principal Place of Business Mailing Address										
TAMPA FL 33607 TAMPA FL 33			MAC DILL AVE FL 33607				DO NOT WR	ITE IN THIS	SPACE	
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
				_			11/17/1987			
2. Principal P	lace of Business	2a. Mailing Address				1	4. FEI Number		<u> </u>	pplied For
21		26				<u> </u>	59-2857449			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>				5. Certifcate of Status Desired		•	Additional lequired
City & Stat	е	City & State	City & State				6. Election Campaign Financing			May Be
23		28				_	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		ountry		1	8. This corporation owes the cur	rent year Int	tangible ☐ Yes	™ No
24	25	29	30	_			Personal Property Tax.			ENINO .
	9. Name and Address of Currer	it Registered Agent		81	Name		10. Name and Address of New	Registered	Agent	
FFN	ANDEZ, MARILYN			0'						
1605	5-B MAC DILL AVE			82	Street A	ddress	s (P.O. Box Number is Not Accept	able)		
. TAM	IPA FL 33607			83						
		:						FL	85 Zip	Code
office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s authoriz Florida St	ed by atutes	the corpor	ation	ation submits this statement for the s board of directors. I hereby acce	purpose of pt the appoi	changing it intment as r	s registered egistered
	Signature, typed or printed name of registered age	D DIRECTORS	13		it signatura raq	uii 60 111	ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
TITLE	PVST	DELETE		TITLE			7,000,000,000,000,000		☐ Change	
NAME	FERNANDEZ, MARILYN G.	_		NAME						
STREET ADDRESS	1605 NORTH MAC DILL AVEN	JF			ADORESS					i
	TAMPA FL			CITY-ST						
TITLE	7,000,717,0	DELETE		TITLE					Change	Addition
NAME			2.2	NAME			t			
STREET ADDRESS			2.3	STREET	ADORESS					
CITY-ST-ZIP		*	2.4	CITY-S	T-ZIP					
TITLE		☐ DELETE		TITLE					Change	☐ Addition
NAME			3.2	NAME						
STREET ADDRESS			3.3	STREET	ADDRESS					
CITY-ST-ZIP			3.4	. CITY-S	T-ZiP			_		
TITLE		☐ DELÉTÉ	4.1	TITLE					Change	☐ Addition
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.4	CITY-ST	r-ZIP					
TITLE		☐ DELETE	5.1	TITLE				-	Change	☐ Addition }
NAME				NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY-ST	Γ-ZIP					
TITLE		☐ DELETE		TITLE					Change	☐ Addition
NAME			6.2	NAME	1					

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP