

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K15196 (4)**

1. Corporation Name
NEW HORIZON REALTY, INC.



Principal Place of Business Mailing Address
**% PAULA SILBERBERG
3880 SHERIDAN ST.
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified **02/17/1988** 3a. Date of Last Report **05/31/1995**

2. Principal Place of Business 2a. Mailing Address
21 **3880 Sheridan St.** 26 **3880 Sheridan St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Hollywood, Fl** 28 **Hollywood, Fl**
Zip Country 29 Zip Country
24 **33021** 25 **USA** 30 **33021** 31 **USA**

4. FEI Number **65-0030647** 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 10. Name and Address of New Registered Agent
**SILBERBERG, PAULA
5308 HARRISON ST.
HOLLYWOOD FL 33021**
81 Name **John Kasbar**
82 Street Address (P.O. Box Number is Not Acceptable) **3880 Sheridan St.**
83
84 City **Hollywood** FL 85 Zip Code **33021**

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 607.0502, Florida Statutes.

SIGNATURE: *Sandra B. Mortham*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when it is rotating.) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERBERG, PAULA	1.2 NAME	Allen Silberberg
STREET ADDRESS	3561 ARBOR LANE	1.3 STREET ADDRESS	3880 Sheridan St.
CITY - ST - ZIP	HOLLYWOOD FL 33021	1.4 CITY - ST - ZIP	Hollywood, Fl 33021
TITLE	VDC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERBERG, PAULA	2.2 NAME	
STREET ADDRESS	3561 ARBOR LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	2.4 CITY - ST - ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERBERG, PAULA	3.2 NAME	
STREET ADDRESS	3561 ARBOR LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: *Allen Silberberg* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-29-96** Day: **305-963-9777**

CR2E034 (12/95)