

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K90856**

42-96 B-2995-NC
(1)

1. Corporation Name
MARKET HORIZONS, INC.



Principal Place of Business
**9452 PHILIPS HWY
STE #5
JACKSONVILLE FL 32256-1332
US**

Mailing Address
**9452 PHILIPS HWY
STE.#5
JACKSONVILLE FL 32256-1332
US**

3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2950666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County

9. Name and Address of Current Registered Agent

**LIPP, DAVID A.
1818 RUSH CREEK DR W.
JACKSONVILLE FL 32225**

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 85**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. Thereby consent the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	DCS	MCMILLIN, CHARLES A.	1650 SHEFFIELD DR ORANGE PARK FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	DPT	LIPP, DAVID A.	1818 RUSH CREEK DR W. JACKSONVILLE FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. TITLE	36. NAME	37. STREET ADDRESS	38. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. TITLE	40. NAME	41. STREET ADDRESS	42. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in this report, or on an attached sheet with an address.

SIGNATURE: *David A. Lipp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (904)260-2001

CR2E034 (12/95)