SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

HORIZON DESIGN & DEVELOPMENT, INC.								de Brail Brail Brail Brail (CB)		
Principal Place of Business Mailing Address									JI 01011 01811 01011 01011 1001	
% RICHARD J. LUNKES % RICHARD J. LUNKES										
1172 HORIZON VIEW DR				1172 HORIZON VIEW DR						
SARASOTA FL 34242				SARASOTA FL 34242				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								1	\$	
2. Principal Place of Business				2a. Mailing Address				11/14/1989 4. FEI Number	Applied For	
21				26				65-0157051	Not Applicable	
Suite, Apt. #, etc.			1201	Suite, Apt. #, etc.					\$8.75 Additional	
22			27	ł				5. Certificate of Status Desired	Fee Required	
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be	
			28	28				Trust Fund Contribution	Added to Fees	
Zip Country			ļ., ,	Zip Coun				8. This corporation owes or has paid the current year Intangible		
24			29	and a second control of the control				Personal Property Tax due June 30. Yes No		
		and Address of Curren	t Regis	tered Agent		81	Name	10. Name and Address of New Registered A	gent	
LUNKES, RICHARD J.						•	Ivanie			
1172 HORIZON VIEW DR						82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
Sarasota Fl 34242										
								FL 85 Zip Code		
						84	City			
11. Pursuant	to the provi	sions of sections 607 0502	and 60	7 1508 Florida Statute	s the ab	Ove-	named cornora	ation submits this statement for the purpose of cha	nging Its registered	
office or	registered a	gent, or both, in the State	of Flori	da. Such change was a	authorize	d by	the corporation	n's board of directors. I hereby accept the appoint	ment as registered	
	am tamular v	with, and accept the obliga	mons o	r, section 6 07.0505, Fi	orida Stai	utes	•			
SIGNATURE	Signature, types	or printed name of registered agen	t and title I	f applicable (No	OTE: Registe	red Ap	gent signature requir	red when reinstating) DATE		
12.		OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D			1.1 11	ΓLE		Ę	Change Addition		
NAME	LUNKES, RICHARD J.			1.2 N		ME				
STREET ADDRESS				1.3 \$1		REET	ADDRESS			
CITY-ST-ZIP	SARASO	TA FL			1.4 CI		-ZIP			
TITLE				L'''I DEFEIG		1 TITLE		L	_ Change _ Addition	
NAME						2 2 NAME				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE					2.4 CI 3.1 TI		-ZIP		7	
NAME				DELETE	3.2 NA			L	Change Addition	
							ADDRESS			
STREET ADDRESS	CITY-ST-ZIP			3.4 CI			- 1			
TITLE	_			DELETE	4.1 TI		-211		Change Addition	
NAME				F"") Attent	4.2 NA			<u> </u>	Unango Nounder	
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					4.4 CI					
TITLE				DELETE	5.1 TI				Change Addition	
NAME					5.2 N/	ME		_		
STREET ADDRESS					5.3 ST	REET	ADDRESS			
CITY-ST-ZIP					5.4 CI	TY-ST-	-ZIP			
TITLE				DELETE	6.1 TI	LE			Change Addition	
NAME					6.2 NA	ME				
STREET ADDRESS					6.3 ST	REET	ADDRESS			
CITY-ST-ZIP					6.4 CI					
								ion 119.07(3)(i), Florida Statutes. I further certify th shall have the same legal effect as If made under		

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.