

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L43320 (5)**

1. Corporation Name  
**HORSTMANN INVESTMENT COMPANY, INC.**



Principal Place of Business: **11300 US HIGHWAY ONE SUITE 203 NORTH PALM BEACH FL 33408-3208 US**  
Mailing Address: **11300 US HIGHWAY ONE SUITE 203 JUNO BEACH FL 33408-3208 US**

3. Date Incorporated or Qualified: **01/16/1990**  
3a. Date of Last Report: **02/02/1995**  
4. FEI Number: **65-1169466**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of Registered Agent**

**SCHAFFNER, BRIGITTE H  
200 US HWY ONE, STE 200  
JUNO BEACH FL 33408**

**ADDRESS CHANGE!  
B.Y.S.**

81 Name: **SCHAFFNER, Brigitte H.**  
82 Street Address (P.O. Box Number is Not Acceptable): **11300 U.S. Highway One, Suite 203**  
83 City: **Florida 33408-3208**  
84 City: **North Palm Beach FL** 85 Zip Code: **33408**

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. Thereby 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) (Date)

(Name) Registered Agent Signature (Date)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>HORSTMANN, ARNOLD</b>      |                                 |
| STREET ADDRESS | <b>AM JUCKELSBOLL 9D-4553</b> |                                 |
| CITY- ST- ZIP  | <b>MERZEN, W. GERMANY</b>     |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>HORSTMANN, ROSEMARIE</b>   |                                 |
| STREET ADDRESS | <b>AM JUCKELSBOLL 9D-4553</b> |                                 |
| CITY- ST- ZIP  | <b>MERZEN, W. GERMANY</b>     |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY- ST- ZIP  |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY- ST- ZIP  |                               |                                 |
| 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 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 an address.

**SIGNATURE:** *Brigitte H. Schaffner, Manag. Dir.* 1/26/96 (407)-625-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)