

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M37361 (6)**
1. Corporation Name
HORIZON FARMS INC.

PAID 2/12/96
ck reg 2173
of 200.00



Principal Place of Business: **2000 N.W. 70TH AVENUE MIAMI FL 33122**
Mailing Address: **2000 N.W. 70TH AVENUE MIAMI FL 33122**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State: 23 Zip: Country: 24
2a. Mailing Address: 26 **PO BOX 520 185** 27 **Miami FL** 28 **33152** 29 Zip: Country: 30

3. Date Incorporated or Qualified: **08/26/1986** 3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-2720368** 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: **HOFFENBERG, PAUL 8035 N.W. 84TH TERR. TAMARAC FL 33321**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0017 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12-1 NAME	DP	<input type="checkbox"/> DELETE
12-2 STREET ADDRESS	HOFFENBERG, PAUL	
12-3 CITY & STATE	8035 N.W. 84TH TERR.	
12-4 ZIP	TAMARAC FL	
12-5 NAME	D	<input type="checkbox"/> DELETE
12-6 STREET ADDRESS	LEBBERES, JAMES H.	
12-7 CITY & STATE	51 DELLWOOD CIRCLE	
12-8 ZIP	BRONXVILLE NY	
12-9 NAME	D	<input type="checkbox"/> DELETE
12-10 STREET ADDRESS	LEBBERES, JOHN	
12-11 CITY & STATE	51 DELLWOOD CIRCLE	
12-12 ZIP	BRONXVILLE NY	
12-13 NAME		<input type="checkbox"/> DELETE
12-14 STREET ADDRESS		
12-15 CITY & STATE		
12-16 ZIP		
12-17 NAME		<input type="checkbox"/> DELETE
12-18 STREET ADDRESS		
12-19 CITY & STATE		
12-20 ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	
13-4 CITY & STATE	
13-5 ZIP	
13-6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-7 STREET ADDRESS	
13-8 CITY & STATE	
13-9 ZIP	
13-10 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-11 NAME	
13-12 STREET ADDRESS	
13-13 CITY & STATE	
13-14 ZIP	
13-15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-16 NAME	
13-17 STREET ADDRESS	
13-18 CITY & STATE	
13-19 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its transferor, 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, with an address.

SIGNATURE: **PAUL HOFFENBERG** 2-1196 305 5912392

CR2E034 (12/95)