**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90017 008 \*\*\*150.00

1. Corporation		1					
HORIZO	n farms inc.						
Principal Place	e of Business	Mailing Address			I INCIDELL IND MAIN SEATE LLUE ON ON MAIN	Offit Bigtt giftt Gigtt	that midia leas
2000 N.W. 70TH AVENUE P O BOX 520185							
MIAMI FL 33122 MIAMI FL 33152					DO NOT WOLF IN	TUIC CDACE	
		US			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
		20 14 10 0 0 0			08/26/1986 4. FEI Number		olied For
<b>—</b> '	ace of Business	2a. Mailing Address			59-2720368	<u> </u>	Applicable
21	H	26 Suite, Apt. #, etc			39-21/20300	\$8.75 A	
Suite, Apt.	#, etc.	27 Suite, Apr. #, ex	٠.		5. Certifcate of Status Desired	Fee Red	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	<del></del>
	<del>,</del>	28			Trust Fund Contribution	Added to	-
23 Zip	Country	Zip	Cou	ntrv	8. This corporation owes the current ye		
24	25	29	30	,	Personal Property Tax.		□No
	9. Name and Address of Curre		1901		10. Name and Address of New Regist	ered Agent	
				81 Name		•	
HOF	FENBERG, PAUL			20 61	June (D.O. Day Mumbos in Not Apportable)		
8035 N.W. 84TH TERR.				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
TAM.	ARAC FL 33321			83			
						·	
			· ·	84 City	•	FI 85 Zip C	code ,
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change	was authorized	by the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its appointment as reg	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered age		<del>`</del> -	Agent signature requir	red when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	DP OFFICERS A	ND DIRECTORS	13. TE 11 TI	16	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
TITLE							
NAME	HOFFENBERG, PAUL		1.2 NA				
STREET ADDRESS	8035 N.W. 84TH TERR.			REET ADDRESS			J
CITY-ST-ZIP	TAMARAC FL	☐ DELE		TY-ST-ZIP		Change	Addition
TITLE	D LEDDEDEC LAMES H	C DELE				_ 0	
NAME	LEBBERES, JAMES H.		2.2 NA				1
STREET ADORESS	51 DELLWOOD CIRCLE			REET ADDRESS	يهم سبب .		
CiTY-ST-ZiP	BRONXVILLE NY	DELE		TY-ST-ZIP	<del></del>	Change	Addition
TITLE	D		li i			Ontarigo	
NAME	LEBBERES, JOHN		3.2 NA				{
STREET ADDRESS	51 DELLWOOD CIRCLE			REET ADDRESS			}
CITY-ST-ZIP	BRONXVILLE NY			TY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELE	1			□ onange	
NAME	in		4. 2 N				ļ
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		DELE		ry-st-zip		☐ Change	Addition
TITLE			5.1 TIT 5.2 NA				
NAME					_	•	(
STREET ADDRESS				REET ADDRESS			-
CITY-ST-ZIP		Cl serie		TY-ST-ZIP	CIGIT	☐ Change	Addition
TITLE		☐ DELE	6.2 NA	]	CE 3'NE	€ Cilaiige	L. Addition
NAME				REET ADDRESS	DIEASE SIGN		
STREET ADDRESS	İ		0.3 3	THE POPULOU	/ 111 / PL /		I

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 recute 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 attraction of the corporation of the receiver of trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305-591-2392