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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000004444 (6)

1. Corporation Name

HORIZON WEST, INC.

Principal Place of Business

105 WEST PLANT ST.
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 770606
WINTER GARDEN FL 34777-0606



3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3204674

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

10. Name and Address of New Registered Agent

AUSTIN, LESTER
105 WEST PLANT ST.
WINTER GARDEN FL 34787

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AUSTIN, LESTER
STREET ADDRESS 105 W PLANET ST
CITY-ST-ZIP WINTER GARDEN FL 34787

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME PHILLIPS, DON
STREET ADDRESS 219 FLORAL
CITY-ST-ZIP OCOEE FL 34761

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T/D
NAME AMON, JACK
STREET ADDRESS 219 W. OAKLAND AVE.
CITY-ST-ZIP OAKLAND FL 34760

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME JUNE, RANDY
STREET ADDRESS 71 E. CHURCH ST.
CITY-ST-ZIP ORLANDO FL 32801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME KARR, JIM
STREET ADDRESS 201 S. ORANGE AVE. STE.1010
CITY-ST-ZIP ORLANDO FL 32801

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BURCH, BILLY
STREET ADDRESS 905 W. STORY RD.
CITY-ST-ZIP WINTER GARDEN FL 34787

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DON PHILLIPS President

Don Phillips
1-6-97 407-656-4334

CR2E037 (9/96)