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FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000003858 (4)

1. Corporation Name

BUSINESS HORIZONS OF THE AMERICAS, INC.



Principal Place of Business

Mailing Address

%JOHN AWSUMB  
400 E SOUTH ST #500  
ORLANDO FL 32801-2878

%JOHN AWSUMB  
400 E SOUTH ST #500  
ORLANDO FL 32801-2878

3. Date Incorporated or Qualified

12/21/1995

4. FEI Number

59-3364342

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AWSUMB, JOHN K  
400 E SOUTH ST  
#500  
ORLANDO FL 32801-2878

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 PD  
NAME AWSUMB, JOHN K  
STREET ADDRESS 400 EAST SOUTH STREET SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801-2878

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

TITLE VD  
NAME DEVILLE, DWAYNE MERRICK  
STREET ADDRESS 1410 RIDGEWOOD AVE  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D  
NAME BLIZZARD, WILLIAM S  
STREET ADDRESS 23 SECOND STREET NORTH SUITE 100  
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE D  
NAME HALL, NEIL  
STREET ADDRESS 4100 NORTHEAST SECOND AVE SUITE 311  
CITY-ST-ZIP MIAMI FL 33137

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

TITLE D  
NAME MACHO, JOHN MR  
STREET ADDRESS 2801 PONCE DE LEON BLVD SUITE 700  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE D  
NAME BREWER, JOHN WARREN  
STREET ADDRESS 1208 NORTH MILLS AVE  
CITY-ST-ZIP ORLANDO FL 32803

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

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 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:

JDKA

JOHN K AWSUMB

4/22/98

CR2E037 (10/97)