

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. O'Connell
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065922 (5)

1. Corporation Name

SOUTHERN HORIZONS, INC.

Principal Place of Business

* SCUTILLO & BLAKE
8000 N UNIVERSITY DR
FT LAUDERDALE FL 33321-2118

Mailing Address

* SCUTILLO & BLAKE
8000 N UNIVERSITY DR
FT LAUDERDALE FL 33321-2118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

04/29/1994

4. FBI Number

65-0435217

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

6. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. c/o ARTHUR T. TENENBAUM & CO

2a. Mailing Address

26. c/o ARTHUR T. TENENBAUM & CO

Suite, Apt. #, etc. 915 MIDDLE RIVER
DRIVE, SUITE 500,

Suite, Apt. #, etc. 915 MIDDLE
RIVER DRIVE, SUITE 500

City & State

23. FORT LAUDERDALE, FLORIDA

City & State

28. FORT LAUDERDALE, FLORIDA

Zip 33304

Country

Zip 33304

Country

9. Name and Address of Current Registered Agent

SCUTILLO, BARRY C
8000 N UNIVERSITY DR
FT LAUDERDALE FL 33321-2118

10. Name and Address of New Registered Agent

81. Name c/o ARTHUR T. TENENBAUM & COMPANY

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

915 MIDDLE RIVER DRIVE

83. SUITE 500

84. City FORT LAUDERDALE

FL

85. Zip Code

33304

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Hy Kranowitz, Partner

(Signature, typed or printed name of registered agent and title if applicable)

(Name, typed or printed name of registered agent and title if applicable)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WILLIAMS, PRUE
STREET ADDRESS % 8000 N UNIVERSITY DR
CITY-ST-ZIP FT LAUDERDALE FL 33321-2118

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PSD
2. NAME WILLIAMS, PRUE
3. STREET ADDRESS c/o ARTHUR T. TENENBAUM & COMPANY
4. CITY-ST-ZIP 915 MIDDLE RIVER DRIVE, SUITE 500
FORT LAUDERDALE, FLORIDA 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Print Name)