FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPURATIONS

FILED Aug 05 1998 8:00am Secretary of State

DOCUMENT # P94000023949					
	Horizon Capi	tal Managemo	ent, Inc.		
Principal Place of Business Mailing Address			<u> </u>		
101 E.Kennedy Blvd. Suite 2450 Tampa, FL 33602		101 E. Kennedy Blvd. Suite 2450		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
Tampa,	FL 33602	Tampa, FL	33602	03/28/1994	
2. Principal Pia	de of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #	, elc	Suite, Apt. #, etc.		59-3227727	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	_	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7 _(p)	Country	Trust Fund Contribution This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Properly Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
11. Pursuant to	101 E. Kennedy Suite 2450 Tampa, FL 33602 the provisions of Sections 607 0502 instered agent, or both in the State	2 2 and 607 1508 Florida St	83 84 City atutes, the above-named co	rporation submits this statement for the purpose alion's board of directors. I hereby accept the a	of changing its registered
agent Lami SIGNATURE	familiar with, and accept the obliga	itions of, Section 607.0505	, Florida Statutes.	, ,	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME I	CÉO H e nley, Paul A.	☐ DELFTE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	101 E. Kennedy I	Blvd.,Ste 24			
CITY-ST-ZIP	Pampa, F1 33602		1.4 CIFY - S1 - ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIF			2 4 City - ST - ZiP		
TITLE		DELETE	3.1 1111		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STRELT ADDRESS 3.4 CITY - ST - ZIP		
TIFLE .		DELITE	41 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7IF		DFLETC	4.4 CO Y - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME	800002609	798
STREET ADDRESS			5.3 STRUET ADDRESS	-08/06/9801068-	·~·U 4 '⊳
City-St-zin		and the last of the second second second	5.4 CHY-S1-7IP	***558.75	
TIFLE		☐ DELETE	6:111		Change Addition
NAME STREET ADDITISS			6.2 NAME 6.3 STREET ADDRESS		PET
CITY-ST ZIF			6.4 CHY-SI-ZIP		18.2
	. 			6	

4. Thereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(r). Florida Statutes. Hurther certify that the information indicated on this animal report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of the corporation or the Corporation or the Corporation or the Corporation of the corporati

SIGNATURE:

-7/21/99