

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000041640

1. Corporation Name

PAUL A. HORTON, INC.

Principal Place of Business

1033 SILVER BEACH ROAD NO. 69  
RIVIERIA BEACH FL 33403

Mailing Address

1033 SILVER BEACH ROAD NO. 69  
RIVIERIA BEACH FL 33403

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26

Suite, Apt. #, etc.

City & State

23

27

City & State

Zip

24

28

Zip

Country

25

29

Country

9. Name and Address of Current Registered Agent

HORTON, PAUL A  
1033 SILVER BEACH ROAD NO. 69  
RIVIERA BEACH FL 33403

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 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

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                             | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HORTON, PAUL A                |                                 | 1.2 NAME           |                                                                   |
| STREET ADDRESS | 1033 SILVER BEACH ROAD BAY 69 |                                 | 1.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | RIVIERA BEACH FL 33403        |                                 | 1.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                               | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                 | 2.2 NAME           |                                                                   |
| STREET ADDRESS |                               |                                 | 2.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                               |                                 | 2.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                               | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                 | 3.2 NAME           |                                                                   |
| STREET ADDRESS |                               |                                 | 3.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                               |                                 | 3.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                               | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                 | 4.2 NAME           |                                                                   |
| STREET ADDRESS |                               |                                 | 4.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                               |                                 | 4.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                               | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                 | 5.2 NAME           |                                                                   |
| STREET ADDRESS |                               |                                 | 5.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                               |                                 | 5.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                               | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |                                 | 6.2 NAME           |                                                                   |
| STREET ADDRESS |                               |                                 | 6.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                               |                                 | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Aug 02, 1999 8:00 am  
Secretary of State

08-02-1999 90013 037 \*\*\*150.00

0076425

CR2E034 (5/99)

7-13-99 561 844 9975

Date

Daytime Phone #

599748-90013-37  
P94000041640

## Carolyn A. Gold, P.A.

Certified Public Accountant  
504 Royal Palm Beach Blvd.  
Royal Palm Beach, FL 33411

Telephone 561-791-0645  
Fax 561-795-7257

July 29, 1999

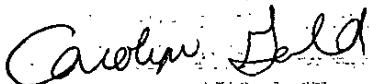
Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**To Whom it may concern:**

We are in receipt of the 1999 Profit Corporation Annual Report Packet (2nd Notice) for Paul A. Horton, Inc. Document #P9400041640. Mr. Horton's records indicate that the original notice was filed with your office in April of 1999 with a check in that amount of \$150.00. Due to these circumstances we ask that you waive the additional \$400 fee and accept his check for \$150.00 which is the filing fee.

If you have any questions please contact my office at (561)791-0645.

Sincerely,



Carolyn A. Gold  
Certified Public Accountant