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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90025 004 ***158.75

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Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047127

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

HORIZON EQUITIES CORPORATION

110111201							
Principal Place of Business Mailing Address						1911 10001 11010	11811 1881 1881
7150 S.W. 62ND AVE., STE. 107 7150 S.W. 62ND AVE., STE. 10 MIAMI FL 33143 MIAMI FL 33143			107		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 06/20/1994	JI NOL	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21		26			65-0505927	No	t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 A Fee Re	1
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	, I
Zip	p Country Zip		Countr	у	8. This corporation owes the current year Inta		[
24		29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	lgent	
CLIA	e choice i		8.	Name			ì
Elias, Christi L 7150 S.W. 62ND AVE., STE. 107			82	2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
7 150 S.W. 62ND AVE., STE. 107 MIAMI FL 33143				<u> </u>			
MIAN	MI FE 33143		8:	3			
			84	4 City	FL	85 Zip C	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 IN 12							
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	ELIAS, GWYNN M	C) Decerte	1.2 NAME				_
NAME OTDEST ADDRESS	TATO O W COND AVE OTE 407			ET ADDRESS			
STREET ADDRESS	1 man 11 mm and 10		1.4 CITY-	}			}
CITY-ST-ZIP TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME	: }			}
STREET ADDRESS	THEO COM COMP AVE CTE 407		1	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-	ļ			_]
TITLE			3.1 TITLE			Change	Addition
NAME	SANDLER, STEVEN		3.2 NAME				}
STREET ADDRESS	1428 BRICKELL AVE., 8TH FLOO	OR	3 3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-	ST-ZIP			
TITLE	STD	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	ELIAS, CHRISTI L		4. 2 NAM	<u> </u>			{
STREET ADDRESS	7150 S.W. 62ND AVE., STE. 107	7	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY	ST-ZIP			
TITLE			5.1 TITLE			Change	☐ Addition
NAME	ELIAS, BEVERLY W		5.2 NAME	- 1			ļ
STREET ADDRESS	7150 S.W. 62ND AVE., STE. 107	7	5.3 STRE	ET ADDRESS			
CITY-ST-ZIP	1110 1111 1 1 2 2 2 1 7 2		5.4 CITY-				
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	.			·

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 with all other like empowered.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP