

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052974 (0)

1. Corporation Name

HOROWITZ & ASSOCIATES OF NAPLES, INC.

Principal Place of Business

7681 CITRUS HILL LANE
NAPLES FL 33942

Mailing Address

7681 CITRUS HILL LANE
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1994
3a. Date of Last Report 06/28/1996

4. FEI Number 65-0512367
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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2375 TAHIANI TRAIL N.

Suite, Apt. #, etc.

22 207

City & State

23 Naples, FL

Zip

24 34103

Country

25 Collier

2a. Mailing Address

26 2375 TAHIANI TRAIL N.

Suite, Apt. #, etc.

27 Suite 207

City & State

28 Naples, FL

Zip

29 34103

Country

30 Collier

9. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B
2590 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 33942

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE DP ☐ DELETE

NAME HOROWITZ, JAY
STREET ADDRESS 7231 RADIO RD., #305
CITY-ST-ZIP NAPLES FL 33909

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002265217-9
-08/12/97--01097--012
****165.00 ****165.00

14. I do 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. 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]

7/21/97 941-465-9006

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (4/97)

HOROWITZ & ASSOCIATES INSURANCE AGENCY, INC.

Life • Health • Medicare Supplements • Disability Programs • Group Insurance • Annuities

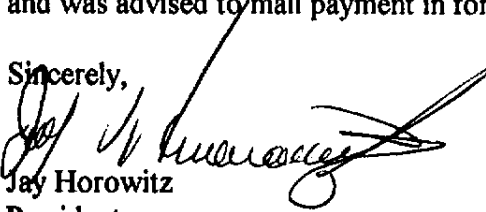
2

July 31, 1997

To Whom it may concern,

I'm enclosing \$165.00 dollars for corporate renewal and asking if you can waive any late fees since we never received our first notice. I called your office regarding this situation and was advised to mail payment in for first notice. Thank you for your help in this matter.

Sincerely,


Jay Horowitz
President