## 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 CORPORATIONS** 

## DOCUMENT # P94000055470 (6)

HORIZON STUDIOS, INC.

## **FILED** Apr 06 1998 8:00am Secretary of State



914

	e or Business	Mailing Address							
13735 DOUBLE WEST PALM E	ETREE TRACE BEACH FL 33414	33 STONE PADDOCK PLACE BEDFORD NY 10506							
		525. 51.5 11. 15050				DO NOT WR	TE IN THIS S	PACE	
					3. Date Inco	rporated or Qualifie	d		
					07/25/	1994			
2. Principal Pia	ace of Business	4. FEI Numb			Ar:	plied For			
21 P.O. Box 21223 26					65-05	24206		No	ot Applicable
Suite, Apt. #, etc.					5. Certificate	of Status Desired			Additional
22 27 Ch. 8 Clate								Fee Re	<u> </u>
City & State  23 West Palm Beach, FL  28  Zip Country Zip Country					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 334/	6-1223 <sub>25</sub> USA	Z <sub>(P</sub>	30 Cour	ıry		oration owes or has Property Tax due Ju	· .	<b>-</b> ' -	tangible ] No
	9. Name and Address of Current	Registered Agent			10. Name an	d Address of New	Registered A	gent	
RAF	PHAEL, HARVEY D		1	Name					
137	35 DOUBLETREE TRACE		1	32 Street A	ddress (P.O. Box N	umber is Not Accep	table)		
WEST PALM BEACH FL 33414				82 Street Address (P.O. Box Number is Not Acceptable) 2643 MOHAWK HRCLE 83					
				14 City	+ Palm	e a . 1		85 Zip	Code
11. Pursuant to	o the provisiting of Sections 607 0502	and 607 1508 Florida Statut	es the ab	We-named o	ornoration submits	this statement for the	e nurnose of	changing it	s registered
office or re agent. I an	o the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and according obliga	of Florida. Such change was a lions of Section 607.0505, Flo	authorized orida Statu	by the corpo	oration's board of di	rectors. I hereby ac	cept the appo	xintment as	registered
SIGNATURE	Signature, typed or printed name of registered agen		L Registered	Agent signature ri	equired when reinstating)		DATE	147 88	
12.	OFFICERS AND		13.		ADDITION	S/CHANGES TO OF	Annual Commission of Assessment Commission		
TITLE	D	☐ DELETE	1.1 1(T)					Change	Addition
NAME	RAPHAEL, HARVEY D		1.2 NAM	1E					
STREET ADDRESS	13735 DOUBLETREE TRACE	•	1.3 STR	EET ADDRESS					•
CITY-ST-ZIP	WEST PALM BEACH FL 33414			'- S1 - ZIP				<del></del>	
TITLE		☐ DELETE	2.1 TITU					Change	☐ Addilion
NAME			2.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE		Y-SI-ZIP				Change	Addition
TITLE		L_J DELEK	3.1 TITL 3.2 NAM					Change	
NAME PRODUCE				- 1					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.1 TITL	Y-ST-ZIP		er a er derende e en en en en en en en		☐ Change	Addition
NAME		hand treated	4. 2 NA						
STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		DELETE	5.1 TITL					Change	Addition
NAME			5.2 NAN						
STREET ADDRESS			5.3 S1A	EET ADDRESS					
CITY-ST-ZIP				-S1-2IP					
TITLE		DELETE	6.1 TITL				<del></del>	Change	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 S1R	E1 ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					
14. I hereby co	ertify that the information supplied wit	n this filing does not qualify fo	or the exer	nption stated	in Section 119.07(3	3)(i), Florida Statutes	I further cer	tify that the	information
officer or d	on this annual report or supplemental lirector of the corporation of the recei or Block 13 if changed, or in an attack	annual report is true and acc ver or trustee empowered to i innent with an address	execute th	is report as r	ature shall have the equired by Chapter	607, Florida Statute	s if made und s; and that m	ior dath; tha ly name app	a ram an pears in