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FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000062565 (4)

1. Corporation Name
HORIZON DATA CORPORATION SOUTH

Principal Place of Business
10100 NORTH WEST 116TH WAY
SUITE 9
MEDLEY FL 33178

Mailing Address
10100 NORTH WEST 116TH WAY
SUITE 9
MEDLEY FL 33178-1154



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
08/29/1996

4. FEI Number
65-0517315

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, THEODORE P
10100 NORTH WEST 116TH WAY
SUITE 9
MEDLEY FL 33178

81 Name David Zelniker
82 Street Address (P.O. Box Number is Not Acceptable)
3590 N.W. 114th Street
83
84 City Miami, FL 85 Zip Code 33167

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 ☐ DELETE
NAME P
YOUNG, THEODORE P
STREET ADDRESS 10100 NORTH WEST 116TH WAY, SUITE 9
CITY-ST-ZIP MEDLEY FL 33178

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
YOUNG, RACHEL
STREET ADDRESS 10100 NORTH WEST 116TH WAY, SUITE 9
CITY-ST-ZIP MEDLEY FL 33178

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
WILLMES, ROBERT V
STREET ADDRESS 4980 LONGLEY LANE, SUITE 104
CITY-ST-ZIP RENO NV 89502

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
LIMPRECHT, PAULETTE A
STREET ADDRESS 4980 LONGLEY LANE, SUITE 104
CITY-ST-ZIP RENO NV 89502

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
WOODWARD, ROGER
STREET ADDRESS 4980 LONGLEY LANE #104
CITY-ST-ZIP RENO NV 89502

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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; 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: Paulette Limprecht VP-FINANCE 1-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)