

**CORPORATION
ANNUAL REPORT**

1994-1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 18 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name **HORIZON PARASAIL INC.** DOCUMENT # **994000075589**

Mailing Address **290 RACQUET CLUB RD, #103**
Principal Place of Business **FT. LAUDERDALE, FL 33326**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10-12-94** 3a. Date of Last Report **N/A**
4. FEI Number **65-0532587** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired **\$8.75** ☐ 6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐ **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Mailing Address 2a. Principal Place of Business
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent **MICHAEL A. CUTLER**
290, RACQUET CLUB RD,
#103
FORT LAUDERDALE
FL 33326
10. Name and Address of New Registered Agent
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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	PRESIDENT			11 TITLE			
12 NAME	MICHAEL A. CUTLER			12 NAME	600001497816		
13 STREET ADDRESS	290 RACQUET CLUB RD, #103			13 STREET ADDRESS	-05/24/95--01028--002		
14 CITY - ST - ZIP	FT. LAUDERDALE, FL 33326			14 CITY - ST - ZIP	****225.00 ****225.00		
21 TITLE				21 TITLE			
22 NAME				22 NAME			
23 STREET ADDRESS				23 STREET ADDRESS			
24 CITY - ST - ZIP				24 CITY - ST - ZIP			
31 TITLE				31 TITLE			
32 NAME				32 NAME			
33 STREET ADDRESS				33 STREET ADDRESS			
34 CITY - ST - ZIP				34 CITY - ST - ZIP			
41 TITLE				41 TITLE			
42 NAME				42 NAME			
43 STREET ADDRESS				43 STREET ADDRESS			
44 CITY - ST - ZIP				44 CITY - ST - ZIP			
51 TITLE				51 TITLE			
52 NAME				52 NAME			
53 STREET ADDRESS				53 STREET ADDRESS	5/18/95 M8		
54 CITY - ST - ZIP				54 CITY - ST - ZIP			
61 TITLE				61 TITLE			
62 NAME				62 NAME			
63 STREET ADDRESS				63 STREET ADDRESS			
64 CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL A. CUTLER 5/4/95 (388) 389-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)