

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REPRODUCTION
ATLANTA, GEORGIA

1995



OFFICE OF THE SECRETARY OF STATE
JENNIFER M. SMITH
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE: 904-251-2000

DOCUMENT # P94000083505 (5)

HORIZON COMPUTER CORPORATION

RECEIVED
MAY 11 1995
11:52
MAY 11 1995

Principal Office Address: 5425 S SEMORAN BLVD ORLANDO FL 32822
Mailing Address: 5425 S SEMORAN BLVD ORLANDO FL 32822

3. Date of Incorporation (or Date of Formation)	3a. Date of Last Report
11/14/1994	
4. FE Number	Applied For / Not Applicable
59-3283231	
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. Does corporation have pending or delinquent Florida Statutes	Yes / No

2. Principal Office Address	2b. Mailing Address
21. 5425 S SEMORAN BLVD	26. PO Box 720277
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
23. ORLANDO FL	28. ORLANDO FL
24. 32822	29. 32822-0277
25. 32822	30. ORANGE

9. Name and Address of Current Registered Agent	
RECHNER, JOHN C 5425 S SEMORAN BLVD ORLANDO FL 32822	
81. Name	82. Street Address (P.O. Box Number is Not Applicable)
83. City	84. State
	FL

10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Applicable)
83. City	84. State
	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above named address in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and am at least 18 years of age.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D RECHNER, JOHN C	NAME	
STREET ADDRESS	5425 S SEMORAN BLVD	STREET ADDRESS	
CITY & STATE	ORLANDO FL 32822	CITY & STATE	
NAME	D CANNON, NORIKO	NAME	
STREET ADDRESS	5425 S SEMORAN BLVD	STREET ADDRESS	
CITY & STATE	ORLANDO FL 32822	CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated as fact on this filing. Florida Statutes, Chapter 607, and the rules of the Department of State, Chapter 607, require that this information be submitted to the Department of State. I am a resident of the State of Florida and am at least 18 years of age.

SIGNATURE:

John Rechner
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/27/95 401-384-7130