## 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

## **FILED** Apr 16 1998 8:00am Secretary of State

i .	MENT # P9500 HORIZONS INVESTMENTS,	• •			2701 11011 00110 16170 677 1001
Principal Place of Business Mailing Address					AIRD NAGAR BBARB ADANG BANK AGDA
701 GULF WAY ST. PETERSBURG BEACH FL 33706 TO1 GULF WAY ST. PETERSBURG BEACH			FL 33706		
ļ				DO NOT WRITE IN THE	3 SPACE
				3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		01/05/1995 4. FEI Number	Applied For
21 26		26		59-3377985	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z <sub>I</sub> p	Country	Trust Fund Contribution	Added to Fees
24	25	<u>⊢</u> , `	30	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intanoible
	9. Name and Address of Curre		301	10. Name and Address of New Registered	
но	OFSTRA, PETER T		81 Name		
8640 SEMINOLE BLVD.			62 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
SEMINOLE FL 34842			5.755.715	aross (F.O. Dox Hambs) is not Acceptable)	
			83		
			84 City		85 Zip Code
			11'	FI	
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 II applicable (NOTE: Registered Agent agents required when reinstating)  DATE					
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITL€	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JANOSCIK, JOSEPH		1.2 NAME		
STREET ADDRESS	701 GULF WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG BEACH F		1.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME 2.3 Street address		
Crity-SI-ZiP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	··· - ··· ·· · · · · · · · · · · · · ·		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		
TITLE NAME		L. DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		İ
TITLE		DELETE	5 4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		_	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		ĺ

14. I 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 it changed, or on an attraction with an address.