

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000004014 (3)

1. Corporation Name

SUNBURST HORIZON, INC.



Principal Place of Business

Mailing Address

50 N. LAURA STREET  
18TH FLOOR MC: 099-000-1830  
JACKSONVILLE FL 32202

50 N. LAURA STREET  
18TH FLOOR MC: 099-000-1830  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
01/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

Applied For

59-3289370

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 taxes under  
Florida Statutes ☒ Yes ☐ No *on consolidated basis*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAD, JAMES A  
50 N. LAURA STREET  
18TH FLOOR  
JACKSONVILLE FL 32202

81 Name Ghomeshi, Mehdi  
82 Street Address (P.O. Box Number is Not Acceptable)  
50 N. Laura Street  
MC: 099-000-1830  
83 City Jacksonville FL 85 Zip Code 32202

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

*Mehdi Ghomeshi*

Mehdi Ghomeshi

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HEAD, JAMES A  
STREET ADDRESS 50 N. LAURA STREET, 18TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ DELETE

1.1 TITLE DP  
1.2 NAME Ghomeshi, Mehdi  
1.3 STREET ADDRESS 50 North Laura Street  
1.4 CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

2.1 TITLE DV  
2.2 NAME Story, Deborah  
2.3 STREET ADDRESS 50 N. Laura Street  
2.4 CITY-ST-ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE DSV  
3.2 NAME Kramer, William  
3.3 STREET ADDRESS 1000 Century Park Dr.  
3.4 CITY-ST-ZIP Tampa, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE DTV  
4.2 NAME Akins, Roy  
4.3 STREET ADDRESS 1000 Century Park Dr.  
4.4 CITY-ST-ZIP Tampa, FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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 119.07(3)(k), 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 omitted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mehdi Ghomeshi*  
Mehdi Ghomeshi, President

4/29/96

(904)-791-7770

Date

Daytime Phone #

CR2E034 (12/95)