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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000006044 (8) **DOCUMENT #**

Country

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FOUR HORIZONS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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 $Z_{\rm ID}$

Mailing Address

2a. Mailing Address

City & State

Ζıp

Suite, Apt. #, etc.

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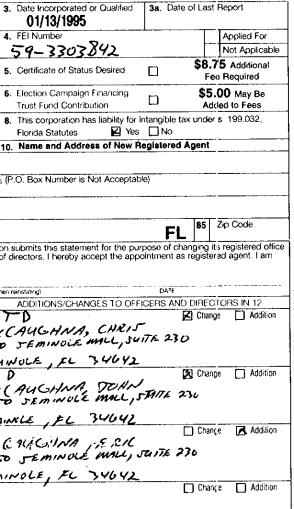
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8050 SEMINOLE MALL. SUITE 230 SEMINOLE FL 34642

8050 SEMINOLE MALL. SUITE 230 SEMINOLE FL 34642



or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registeral agent. I aim familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DATE DAT		9, Harrie and Address of Content Hegisteres Agent			
8050 SEMINOLE MALL SUITE 230 SEMINOLE FL 34642 11. Pursuant to the provisions of Sections 807,0502 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 opporation's board of directors. I hereby accept the appointment as registered agent. I am statement for the purpose of changing its registered office or registered agent and still registered agent and still registered agent accept the appointment are registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered agent. I am statement for the purpose of changing its registered office or registered office or registered agent. I am statement for the purpose of changing its registered office or r			81 Name		
SUITE 230 SEMINOLE FL 34642 83			82 Street Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 34642 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Signature types or international properties agent and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE Signature bytes or international properties agent and accept the obligations of, Section 607.0505, Florids Statutes. POTE Registered Agent synthem required when renotating! Date: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE D GRANG HAND, CHRIS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE D GRANG HAND, CHRIS 13. SIRRET ADDRESS 14. SIRR	SUITE 230 SEMINOLE FL 34642				
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64 CITY-51-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 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	4 4 1 1 1 1 1 1 1 1	and the that the information outsided with this filing is voluntarily furnished an	d does not o	aualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	

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certing that the information included on this armost report of supplemental armost report is the and accordate and that my signature shall have the same legal effect of the comporation or the receiver or those empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 transped, or on an attachment with an address. appears in Block 12 or Block 13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: