

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000006721 (1)

1. Corporation Name

P B HORIZONS, INC.

Principal Place of Business

11380 PROSPERITY FARMS RD SUITE 112  
PALM BEACH GARDENS FL 33410

Mailing Address

11380 PROSPERITY FARMS RD SUITE 112  
PALM BEACH GARDENS FL 33410



3. Date Incorporated or Qualified  
01/23/1995

3a. Date of Last Report

4. FEI Number

65-0568340

Applied For  
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 tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13820 PARC DRIVE

26 13820 PARC DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PALM BEACH GARDENS, FLORIDA

28 PALM BEACH GARDENS, FLORIDA

Zip

Country

Zip

Country

24 33410

25

29 33410

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLETT, STANLEY D

11380 PROSPERITY FARMS RD SUITE 112  
PALM BEACH GARDENS FL 33410

81 Name

GARSHELL, STEVEN

82

Street Address (P.O. Box Number is Not Acceptable)

13820 PARC DRIVE

83

84

City  
PALM BEACH GARDENS

FL

85

Zip Code  
33410

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 607.0503, Florida Statutes.

SIGNATURE

*Steven E. Garsell, President*

4/29/96

Signature, typed or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GARSHILL, STEVEN  
STREET ADDRESS 21 HUNTLEY DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

GARSHELL, STEVEN

13820 PARC DRIVE

PALM BEACH GARDENS, FLORIDA 33410

☒ Change ☐ Addition

TITLE D ☐ DELETE  
NAME KLASFELD, JON  
STREET ADDRESS 701 NW 13 ST APT B-1  
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

*Steven E. Garsell, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

414-622-7271

CR2E034 (12/95)