## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016854 (8)

HORIZON PARTNERS, INC.

Principal Place	of Business	Mailing Address	Mailing Address				1 16211621 110 (016) Mitt Batte Bate aten derar 1664 auch eten ann ann erar					
3621 NW 52ND STREET BOCA RATON FL 33496 US			3621 NW 52ND STREET BOCA RATON FL 33496-2711 US									
		00				4	3. Date Incorporated or Qualified					
		2a. Mailing Address				4. F	El Number				-	Applied For
1		26					65-0568796			Not Applicable		
Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.			<b>5.</b> C	Certificate of	Status Desi	red	X		Additional Required
22		City & State								<del></del>		<del>'</del>
City & State	9	<del>├</del> 1 ′					Hection Carr Trust Fund C	. •	cing			May Be I to Fees
Zip	Country	28 Z <sub>1</sub> D	Cou	intrv			This corpora		ility for i			·
4	25	29	30			1	Florida Statu		• —		] No	5. 100.00E,
		Current Registered Agent	100	T		10. 1	Name and A	ddress of l	lew Re	gistered A	igent	
THE	PRENTICE HALL CORPO	DRATION SYSTEM, INC.		81	Name 🧻	Гон	NI T	DULIC	141	ND		
	1 HAYS ST, 105	, , , , , , , , , , , , , , , , , , ,		82	Street Add							
	LAHASSEE FL 32301	•		52	362	213 (1.5	O. Box Num	52ND	STR	EET		
IAL	Danoorr ir orosi			83								
				B4	Ciber				<del></del>		OE Zir	Code
				•••	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	LA F	RATON	į		FL	3	કેપૈંગૈહ
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida Statut	tes, the al	bove-	named corp	poration	submits this	statement 1	or the p	urpose of	changing	its registered
office or r	egistered aligent, or both, <b>i</b> n t m fa <b>r</b> utiar with, and access t	607.0502 and 607.1508, Florida Statu ne State of Florida. Such change was te oblightions of, Section 607.0505, Fl	authorize orida Stat	d by 1 tutes.	the corporat	dion's bo	pard of direc	tors. I neren	у ассер	ot the appo	Dintment a	is registered
SIGNATURE.		باماحما							1	·-14·	-97	
SIGNATURE.	Signature, typics of violate, name of reg	psered aget, and the respendable (NO	TE Registere	d Agent	t signature requi					DATE		
12.		ERS AND DIRECTORS	13.			AC	DDITIONS/C	HANGES TO	) OFFIC	ERS AND		
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STREET ADORESS			6.3 S	TREET A	ADDRESS							
CITY-ST-ZIP				ITY-ST								
44 Lala bara	by certify that the information	supplied with this filing does not qual	lify for the	ехег	nption state	ed in Sec	tion 119.07	(3)(i), Florida	Statute	s. I further	r certify the	at the
information Lam an c appears	on indicated on this annual re officer or director of the corpo in Block 12 or Block 13 1 cha	port or supplemental annual report is ration or the receiver or trustee empor nged, or on all attachment with an ad	wered to didress.	execul execu	ute this repo	ort as red	quired by Cl	napter 607, 1	Florida S	Statutes; a	ind that my	y name