

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000029977 (2)

1. Corporation Name  
HORIZON TRADING INTERNATIONAL, INC.

Principal Place of Business

WILLIAM L. SALBER  
5275 BABCOCK ST., #11-122  
PALM BAY FL 32905

Mailing Address

WILLIAM L. SALBER  
5275 BABCOCK ST., #11-122  
PALM BAY FL 32905-8631

3. Date Incorporated or Qualified  
04/07/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1650 COUNTRY COVE CIR.

Suite Apt. #, etc.

22 City & State

23 MALABAR FL

24 Zip 32950

25 Country USA

2a. Mailing Address

26 1650 COUNTRY COVE CIR

Suite, Apt. #, etc.

27 City & State

28 MALABAR FL

29 Zip 32950

30 Country USA

4. FEI Number

59-3313697

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

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A ESQ.  
1825 S. RIVERVIEW DR.  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

VICTOR S. KOSTRO

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

1825 S. RIVERVIEW DR

83

84 City

MELBOURNE

FL

85 Zip Code 32901

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

Victor S. Kostro

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SALBER, WILLIAM L	1650 COUNTRY COVE CIRCLE	MALABAR FL 32950	<input type="checkbox"/>
D	SALBER, F. SHIELA	1650 COUNTRY COVE CIRCLE	MALABAR FL 32950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: William L. Salber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-27-97  
407-953-6700  
Date Daytime Phone #

CR2E034 (9/96)