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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000049086

1, Corporation Name

JIM HORN FOUNTAIN OF S.E. FLORIDA, INC.

Principal Place of Business

Mailing Address

ARRO AL EEDEDAN LINUV

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90096 004 \*\*\*450.00



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CIGHTI ROUGE 1	OH41 12 03004	Elastificade Forti Le 30004		DO NOT WRITE IN T	HIS SPACE	
li .			•	3. Date Incorporated or Qualifed 06/22/1995		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
21 452	ا داد اد است کار ا	26 4521 N. FEDO	ERAL HW	. 05 0007540	<del></del>	Applicable
Suite, Apt.		Suite, Apt. #, etc.	LICITION TO THE		\$8.75 Ad	Iditional
22	محاليهما والمعالمة المعالمة	27		======================================	Fee Req	
City & State	8	City & State	7/	6. Election Campaign Financing	\$5.00 M	lay Be
23 Light	thouse H. Fla.	28 Lighthous	e 14. L	A. Trust Fund Contribution	Added to	Fees
Zip	Country	L	Country	8. This corporation owes the current year		_
24 330	064 25 BROWARD	<u> </u>	BROWNED)	Personal Property Tax.	<u> </u>	□No
<del>-</del> -	9. Name and Address of Current F	tegistered Agent	24 1	10. Name and Address of New Register	ed Agent	
HOR	N, JAMES		81 Name			ł
			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u> </u>	
LICUTUOLICE DOINT EL 22004			92			
			83		,	1
			84 City	F	EL 85 Zip Co	ode
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				•		
	Signature, typed or printed name of registered agent ar	<del></del>	tered Agent signature requ			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change	S IN 12
TITLE	D Horn, James	_	.1 TITLE			☐ Addison [
NAME	4200 N FEDERAL HWY		.2 NAME	4521 N. FEDERAL HU Lighthouse Pt., Flo.	ر نز	
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CITY-ST-ZIP	·	5	4 CITY+ST-ZIP			
TITLE		☐ DELETE 6	I.1 TITLE		☐ Change	☐ Addition
NAME		6	2 NAME			
STREET ADDRESS	•	6	.3 STREET ADDRESS		•	1
CITY, ST. 7ID	· ,		A CITY ST-ZIP	are well as a second		

14. I 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 occurate and indicated on this annual report or supplemental annual report is true and occurate and indicated on this annual report or supplemental annual report is true and occurate 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 with the information indicated on this annual report or supplemental annual report is true and occurate and indicated on this annual report or supplemental annual report is true and occurate and occ

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR