

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 # **NO Horizon Counseling Inc.**
1. Corporation Name **P45000056284**

200001840072
-05/28/96--01018--011
***8.00

Principal Place of Business Mailing Address
2661 Hampton Circle North
Delray Beach FL 33445

300001840073
-05/28/96--01018--012
***225.00

2. Principal Place of Business **SAME** 2a. Mailing Address **SAME**
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified **July 20, 1995** 3a. Date of Last Report
4. FEI Number **ETN 65-0597179** 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

10. Name and Address of New Registered Agent

81 Name **Bruce Kutikoff**
82 Street Address (P.O. Box Number is Not Acceptable)
2661 Hampton Circle N.
83 **Delray**
84 City **Delray** **FL** 85 Zip Code **33445**

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 **Bruce Kutikoff**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **President Bruce Kutikoff**
STREET ADDRESS **2661 Hampton Circle North**
CITY - ST - ZIP **Delray FL 33445**
TITLE ☐ DELETE
NAME **Secretary Bruce Kutikoff**
STREET ADDRESS **2661 Hampton Circle North**
CITY - ST - ZIP **Delray FL 33445**
TITLE ☐ DELETE
NAME **Treasurer Bruce Kutikoff**
STREET ADDRESS **2661 Hampton Circle North**
CITY - ST - ZIP **Delray FL 33445**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 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: **Bruce Kutikoff** **Bruce Kutikoff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96
Date

401 496-6817
Daytime Phone #

CR2E034 (12/95)