SECOND NOTICE. CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1997.
AMOUNT DUE ON OR BEFORE 8/7/97: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

*PROFIT
CORPORATION
ANNUAL REPORT
~~1996~~ 1997

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

FILED
97 JUL 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000079164 (6)

1. Corporation Name
HORIZON DEVELOPMENT CORP.

REINSTATEMENT 8-10-97

Principal Place of Business	Mailing Address
~~12140 ORANGE BLVD.~~ 12146 Orange Blvd. W. PAL BEACH FL 33412	~~12140 ORANGE BLVD.~~ 12146 Orange Blvd. W. PAL BEACH FL 33412

3. Date Incorporated or Qualified: 10/13/1995
4. FEI Number: 65-0620847 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: Suzanne Horowitz
82 Street Address (P.O. Box Number is Not Acceptable): 12146 Orange Blvd
83
84 City: West Palm Beach FL 85 Zip Code: 33167

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: Suzanne Horowitz 7/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOROWITZ, SUZANNE	1.2 NAME	Horwitz Suzanne
STREET ADDRESS	12146 ORANGE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33412	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	700002231221 ☐ Change ☐ Addition
NAME		2.2 NAME	-07/15/97--01051--002
STREET ADDRESS		2.3 STREET ADDRESS	****375.00 ****375.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	700002231221 ☐ Change ☐ Addition
NAME		4.2 NAME	-07/15/97--01051--003
STREET ADDRESS		4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

we rein. she accepted due to the corp. not receiving our reply letter

7-14-97

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Horowitz 7/1/97 (561)791-3934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)