## 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 # **P95000088352**1. Corporation Name

HORIZON BUSINESS ASSOCIATES, INC.

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90031 004 \*\*\*150.00



|  |   |   |                |          |                               |  | }            |               |            |  |
|--|---|---|----------------|----------|-------------------------------|--|--------------|---------------|------------|--|
| Principal Place of Business Mailing Address      |   |   |                |          |                               |  |              |               |            |  |
| 10921 LAKEVIEW N. DR. 10921 LAKEVIEW N. DR.      |   |   |                |          |                               |  |              |               |            |  |
| PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026  |   |   |                |          |                               | DO NOT WRITE IN THIS SPACE   |              |               |            |  |
|  |   |   |                |          |                               | 3. Date Incorporated or Qualifed   | •            | _             |            |  |
|  | *   |   |                |          |                               | 11/16/1995   |              |               |            |  |
| 2. Principal Pl                                  | ace of Business   | 2a. Mailing Address                     |                |          |                               | 4. FEI Number  |              | App           | olied For  |  |
| 21 26  |   |   |                |          |                               | 65-0623430   |              | No            | Applicable |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.          |   |   |                |          |                               | \$8.75 Additional  |              |               |            |  |
| 22 27  |   |   |                |          |                               | 5. Certificate of Status Desired   |              | Fee Re        | quired     |  |
| City & State                                     | е   | City & State                            |                |          |                               | 6. Election Campaign Financing   |              | \$5.00        |            |  |
| 23   |   | 28                                      | 28             |          |                               | Trust Fund Contribution  |              | Added to      | o Fees     |  |
| Zip  | Zip Country Zip   |   |                | ntry     |                               | 8. This corporation owes the current year Intangible   |              |               |            |  |
| 24   | 25  | 25 29 30                                |                |          | Personal Property Tax. Yes No |  |              |               |            |  |
|  | 9. Name and Address of Curre  | ent Registered Agent                    |                | 04       | Name                          | 10. Name and Address of New I  | registered   | Agent         |            |  |
| DALI   | n perco i   |   |                | 81       | Name                          |  |              |               |            |  |
| BAND, PETER J                                    |   |   |                | 82       | Street Addre                  | Address (P.O. Box Number is Not Acceptable)  |              |               |            |  |
| 10921 LAKEVIEW N. DR.<br>PEMBROKE PINES FL 33026 |   |   |                |          |                               | The state of the s |              |               | Prof.      |  |
| PEM  | BHUNE PINES PL 33020  |   |                | 83       |                               |  |              |               |            |  |
|  |   |   | *              | 84       | City                          |  |              | 85 Zip C      | ode        |  |
|  |   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |                | <u> </u> |                               |  | <u> </u>     |               |            |  |
| office or r<br>agent. I a                        | egistered agent, or both, in the Stat<br>m familiar with, and accept the oblig  | e of Florida. Such change was           | autnorized     | י עם ו   | tne comoratio                 | oration submits this statement for the<br>on's board of directors. I hereby acce   | pt the appoi | ntment as reg | gistered   |  |
| SIGNATURE  | Signature, typed or printed name of registered a  | gent and title if applicable. (NO       | TE: Registered | Agen     | t signature required          |  | DATE         |               |            |  |
| 12.  |   | AND DIRECTORS                           | 13.            |          |                               | ADDITIONS/CHANGES TO OF  | FICERS AN    |               |            |  |
| TITLE  | Ť   | ☐ DELETE                                | 1.1 TIT        | ΓLE      |                               |  |              | ☐ Change      | Addition   |  |
| NAME   | BAND, PETER J   |   | 1.2 NA         | ME       |                               |  |              | •             |            |  |
| STREET ADDRESS                                   | 10921 LAKEVIEW N. DR.   |   | 1.3 ST         | REET     | ADDRESS                       |  |              |               |            |  |
| CITY-ST-ZIP                                      | PEMBROKE PINES FL 33026   |   | 1.4 CF         | TY- \$1  | r-zip                         |  |              |               |            |  |
| TITLE  | P   | ☐ DELETE                                | 2.1 Til        | ſLΕ      |                               |  |              | ☐ Change      | ☐ Addition |  |
| NAME   | BAND, EDITH D   |   | 2.2 NA         | ME       |                               |  |              |               |            |  |
| STREET ADDRESS                                   | 10921 LAKEVIEW N. DR.   |   | 2.3 ST         | REET     | ADDRESS                       |  |              |               |            |  |
| CITY-ST-ZIP                                      | PEMBROKE PINES FL 33026   |   | 2. 4 C         | TY-S     | T-ZIP                         |  |              |               |            |  |
| TITLE  | And the second second   | ☐ DELETE                                | 3.1 TI         | πE       |                               |  |              | Change        | ☐ Addition |  |
| NAME   | With the state of |   | 3.2 NA         | ME.      |                               |  |              |               |            |  |
| STREET ADDRESS                                   | Latin College |   | 3.3 ST         | REET     | ADDRESS                       |  |              |               |            |  |
| CITY-ST-ZIP                                      |   |   | 3.4. C         | ITY-S    | T-ZIP                         |  | <u> </u>     | <u> </u>      |            |  |
| TITLE  |   | ☐ DELETE                                | 4.1 TI         | ſΓE      |                               |  |              | Change        | Addition   |  |
| NAME   | -   |   | 4. 2 N         | AME      |                               |  |              |               |            |  |
| STREET ADDRESS                                   |   |   | 4.3 ST         | REET     | TADDRESS                      | •  |              | .* .          |            |  |
| CITY-ST-ZIP                                      |   |   | 4.4 Cf         | TY-S     | T-ZIP                         |  |              |               |            |  |
| TITLE  |   | ☐ DELETE                                | 5.1 TT         |          |                               |  |              | ☐ Change      | ☐ Addition |  |
| NAME   |   | •                                       | 5.2 N          |          | ,                             |  |              |               |            |  |
| STREET ADDRESS                                   |   |   | 5.3 ST         | REET     | ADORESS                       |  |              | -             |            |  |
| CITY-ST-ZIP                                      |   |   | 5.4 CI         |          | T- ZIP                        |  |              |               |            |  |
| TITLE  | 10.1  | ☐ DELETE                                | 6.1 Π          | TLE      |                               | ·  |              | ☐ Change      | ☐ Addition |  |
| NAME   |   |   | 6.2 N/         | AME      |                               |  |              |               |            |  |
| STREET ADDRESS                                   | 自國的物質的 (2013)   |   | 6.3 ST         | REET     | FADDRESS                      |  |              | • .           |            |  |
| 1  | 18 1 3 July 21  | •                                       | 640            | TY- 51   | T. 7IP                        |  |              |               |            |  |

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 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, with all other like empowered.