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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

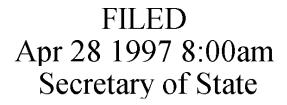
Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000091826 (4)

HORIZON INTERNATIONAL SHIPPING, INC.

Principal	Place	of	Business
-----------	-------	----	----------

Mailing Address





MEDLEY FL 33		MEDLEY FL 33178-1337						
					3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report 04/23/1996		
<b>├</b>	lace of Business	2a. Mailing Address	\	Sr	4. FEI Number 65-0622346		——————————————————————————————————————	optied For
21 <b>XO</b> S. Suite, Apt.	. <u>&gt; NW OUST</u>	26 30 35 M	U WU	<u> </u>				ot Applicable Additional
22	··· 1·	27			5. Certificate of Status Desired			Additional equired
City & State City & State			<del></del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
			ام		Trust Fund Contribution		Added to Fees	
Zip 33	166 25 Dade	Zip 29] 33166	30 Corin	, Ty	This corporation has liability for i     Florida Statutes	ntangible t ] Yes = [_		. 199.032,
24, 00	9, Name and Address of Curren		1301		10. Name and Address of New Re			
	NECKE, VICKY		8	1 Name				
	NW 102ND STREET		Ē	2 Street Ac	dress (P.O. Box Number is Not Acceptab	1e)		
MEC	NEY FL 33178		-	3				
			6	4 City		FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the abo	ve-named co	prporation submits this statement for the p	urpose of o	hanging it	s registered
office or ri agent. I ai	egistered agont, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F.	authorized Iorida Statul	by the corpo es.	ration's board of directors. I hereby accep	it the appo	intment as	registered
SIGNATURE	<b></b>							
12.	Signature, typed or printed name of registered age OFFICERS AN		11: Registered /	lgent signature re	quired which reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	20 INI 12
TITLE	D	DELETE	1.1 1/11		ADDITIONO/OFFICINGED TO OFFICE		Change	Addition
NAME	DAENECKE, VICKY		1.2 NAM	£				
STREET ADDRESS	8751 NW 102ND STREET		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MEDLEY FL 33178			-ST-ZIP				
TITLE		☐ DELETE	2.1 1ITLI	i		1	Change	Addition
NAME STREET ADDRESS			2.2 NAM	i				
CITY-ST-ZIP				ET ADDRESS ( S1- ZIP				
TITLE		DELETE	3 1 TiTLI			[	Change	Addition
NAME			3 2 NAM	Г				
STREET ADDRESS			3 3 \$1RE	ET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP				
TITLE		DELFTE	4 1 1010	- 1		ļ	Change	Addition
NAME			4 2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	51 TITLE	- S1 - 7(P			Change	Addition
NAME			5.2 NAV			-		
STREET ADDRESS			5 3 STRE	ET ADDRESS				
CITY-ST-ZIP			5 4 C/TY	- S1 - ZIP				
TITLE		DELETE	61 TITLI				Change	Addition
NAME			62 NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	w certify that the information supplier	A miles attitude at more about a constant		- S1 - 7IP	lod in Section 119 07/3)(i) Florida Statutes	77		

I have been been such that the information supplied who this iming over not quality for the exemption stated in section (19.07(5)ft), Florida Statutes. Floring 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 eath; 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.