

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000093872 (6)

1. Corporation Name

HORTON'S GREYHOUNDS INC.



Principal Place of Business

Mailing Address

450 N. PARK RD.  
710  
HOLLYWOOD FL 33021  
US

450 N. PARK RD.  
710  
HOLLYWOOD FL 33021  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

65-0643528

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30

☒ Yes

☐ No

2. Principal Place of Business

21 450 N. PARK RD.

Suite, Apt. #, etc.  
22 #410

City & State  
23 HOLLYWOOD, FL

Zip  
24 33021

Country  
25 BROWARD

2a. Mailing Address

26 450 N. PARK RD.

Suite, Apt. #, etc.  
27 #410

City & State  
28 HOLLYWOOD, FL

Zip  
29 33021

Country  
30 BROWARD

9. Name and Address of Current Registered Agent

HORTON, TAWNDA  
450 N. PARK RD.  
710  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

HORTON, TAWNDA

82 Street Address (P.O. Box Number is Not Acceptable)

450 N. PARK RD.

83 Suite, Apt. #, etc.

#410

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D HORTON, TAWNDA  
STREET ADDRESS 450 N. PARK RD. SUITE 410  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☒ Addition

1.1 TITLE D HORTON, TAWNDA  
1.2 NAME  
1.3 STREET ADDRESS 450 N. PARK RD SUITE 410  
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

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

600002518906  
-05/11/98--01094--038  
\*\*\*150.00

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.

SIGNATURE

TawnDA Horton

4/29/98 984-983-6500

CR2E034 (10/97)