

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 25 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT •
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000004071 (2)

1. Corporation Name
H. HORTON, INC.



Principal Place of Business
527 EASTPORT DR.
LONGWOOD FL 32750

Mailing Address
527 EASTPORT DR.
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4702 NW 41 Ave		26 4702 NW 41 Ave		01/11/1996		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3352646		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 TAMARAC Florida		28 TAMARAC Florida		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 33319		29 33319		30 BROWARD		<input type="checkbox"/>	
Country		Country		8. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
25 BROWARD		30 BROWARD		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HORTON, HONORA
527 EASTPORT DR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name	HONORA Horton
82 Street Address (P.O. Box Number is Not Acceptable)	4702 NW 41 AVE
83	
84 City	TAMARAC
85 Zip Code	FL 33319

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 Honora Horton Honora Horton Secretary 7/22/97
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	PD	1.1 TITLE	PD
NAME	HORTON, HERBERT H	1.2 NAME	Herbert H. Horton
STREET ADDRESS	527 EASTPORT DR.	1.3 STREET ADDRESS	4702 NW 41 AVE
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	SD	2.1 TITLE	SD
NAME	HORTON, HONORA	2.2 NAME	HONORA Horton
STREET ADDRESS	527 EASTPORT DR.	2.3 STREET ADDRESS	4702 NW 41 AVE
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	100002252321 - 0
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-07/30/97-01051-004
TITLE		4.1 TITLE	****165.00 ****165.00
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)