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

PROFIT CORPORATION ANNUAL REPORT

 I do hereby certify that the information s information indicated on this annual rep I am an officer or director of the corpora-

appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000015042 (0)

ARNOLD B. HORN ENTERPRISES, INC. Principal Place of Business Mailing Address 8204 N.W. 16TH STREET 8204 N.W. 16TH STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6215 3. Date Incorporated or Qualified 3a. Date of Last Report 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 29 Florida Statutes Yes 🔲 No 25 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HORN, ARNOLD B 8204 N.W. 18TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City Zip Code 85 | 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 typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. TITLE DELETE 1.1 TITLE Change Addition HORN, ARNOLD B 1.2 NAME NAME 8204 N.W. 16TH STREET 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition PILE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY - \$1 - 7IP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE THE NaMi 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP City - St- 76 DELETE 41 TITLE Change ___ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS GHY - 51 - 70 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Titlef NAM: 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST ZIP DELETE Change Addition 6.1 TITLE THILE 62 NAME NAME STHEET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-SY-ZIP

lachment with an address

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ed with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(i), Florida Statutes. I further certify that the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name