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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082832 (2)

NEW HORIZON MANAGEMENT, INC.

Principal Place of Business 12108 CYPRESS HOLLOW PL	12108 CYPRESS HOLLOW PL
TAMPA FL 33624	TAMPA FL 33624

FILED Mar 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 59-3404824 Not Applicable Suite Apl #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6, Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 24 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SZABO, STEPHEN J III 201 N FRANKLIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2100** 83 **TAMPA FL 33602** 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating)

SIGNATURE

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DITTE Change ■ Addition TITLE 11 BULE NAME SZABO, PAMELA W 1.2 NAME 12108 CYPRESS HOLLOW PL STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE TITLE SZABO, STEPHEN J 22 NAME NAME 12108 CYPRESS HOLLOW PL 2 3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TELLIO [Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 suppliemental 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 it is an address.

SIGNATURE: >

3/8/58

813-9856485