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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET AODRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000044630 (6)

HORIZON SOFTWARE CONSULTING GROUP CORP

Principal Place of Business Mailing Address						. Indicate ris that cast and a series and a series are a series states (1511 421) 1681	
	/ALENCIA BLVD. WEST		4765 LAKE VALENCIA BLVD. WEST				
PALM HARBO	OR FL 34684	PALM HARBOR FL 3	4684			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						05/16/1997	
2. Principal i	Place of Business	2a. Mailing Address				4. FE! Number Applied For	
21 26						59 - 345 6062 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional	
22						5. Certificate of Status Desired Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution	
Zip	Country	Zip	c	ountry	7	8. This corporation owes or has paid the current year intangible	
24	25	29	36			Personal Property Tax due June 30. 🔲 Yes 💆 No	
	9. Name and Address of Cur	rent Registered Agent		1	T	10. Name and Address of New Registered Agent	
LC	MBARDO, DANIEL			81	Name	ı <del>e</del>	
47	65 LAKE VALENCIA BLVD. WE	:ST		82	Street	t Address (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34684				L			
				83			
				84	City	■■ 85 Zip Code	
						ed corporation submits this statement for the purpose of changing its registered or poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered		(NOTE: Registe	ered Age	ent signature	(ure required when reinstalling) DATE	
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE		TITLE		PRESTOENT = P Change GAddition DANIE! Lombaroo	
NAME			/	NAME			
STREET ADDRESS					T ADDRESS	PAIM HARbor FL 34684	
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NAME	1		1	NAME		BRYAN LOMBARDO BIVO.W.	
STREET ADDRESS	]		1		ADDRESS	ALTOS LAKE VALENCIA SINO,	
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TATLE	l .	[ ] DELETE	6.1	TITLE		☐ Change ☐ Addition	

6.2 NAME

6.3 STREET ADDRESS

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:

1-10-98

**FILED** 

Jan 15 1998 8:00am

Secretary of State