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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044630

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

HORIZON SOFTWARE CONSULTING GROUP CORP

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90033 034 ***158.75



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Principal Plac	e of Business	Mailing Address					E 0 0 0	
4765 LAKE VALENCIA BLVD. WEST 4765 LAKE VALENCIA BLVD.								
PALM HARBOR FL 34684 PALM HARBOR FL 34684			•		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
		•			05/16/1997			
Principal Place of Business 2a. Mailing Address					4, FEI Number		⊢ —	pplied For
21 26					59-3456062			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· • • • •	.	5. Certificate of Status Desired	100	· -	Additional Required
22		27		.,,				
City & Staf	te	City & State			6. Election Campaign Financing			May Be I to Fees
23	Country	Zip	Country		Trust Fund Contribution 8. This corporation owes the curre	ent waar Ints		10 1 663
— "		29 30		Personal Property Tax.	an year mic	Yes	□No	
24	9. Name and Address of Current	<u> </u>			10. Name and Address of New R	egistered /	Agent	
	g. Frantis allo - learned or Califolis	<u> </u>	81	Name				
Lombardo, Daniel				Ctroot Add	ress (P.O. Box Number is Not Accepta	hle)		
4765 LAKE VALENCIA BLVD. WEST			82 Street Ac		less (F.O. Box Number is Not Acceptain	oie,		
PAL	M HARBOR FL 34684		83					
			84	Cian			85 Zip	Code
			04	City		FL	65 21	Code
SIGNATURE	Signature, typed or printed name of registered agent		gistered Ager	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT	ORS IN 12
TITLE	P	DELETE	1,1 TITLE	1	<u> </u>	102112111	☐ Change	
NAME	LOMBARDO, DANIEL		1.2 NAME	-				
STREET ADDRESS			1.3 STREE	ADDRESS				
City-St-ZIP	PALM HARBOR FL 34684		1.4 C/TY-S	T-ZIP				
TITLE	T	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	LOMBARDO, CATHERINE		2.2 NAME	•				
STREET ADDRESS	4765 LAKE VALENCIA BLVD W		2.3 STREE	TADORESS	F			
CITY-ST-ZIP	PALM HARBOR FL 34684	3-5- 13- 13-5- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	2.4 CITY-S	T-21P				
TITLE	VP	☐ DÉLETE	3.1 TITLE				Change	Addition
NAME	LOMBARDO, BRYAN		3.2 NAME			•		
STREET ADDRESS		1		TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			Change	e Addition
TITLE		☐ DELETE	4.1 TTLE				L. Cliariye	, LJ MOGIBOII
NAME	}		4. 2 NAME					
STREET ADDRESS	3	İ		TADORESS				
CITY-\$T-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP			☐ Change	Addition
TITLE	İ		5.2 NAME					
NAME				TADORESS				
STREET ADDRESS CITY-ST-ZIP]							
			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	T-ZIP			Change	e Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

2-28-99