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

Mailing Address

1787 EMERALD LANE

MIDDLEBURG FL 32068

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000021765

Principal Place of Business 1787 EMERALD LANE

MIDDLEBURG FL 32068

HORTON INFORMATION SYSTEMS, INC.

					03/06/1998		~~
2 Principal Pl	lace of Business	2a, Mailing Address	-		4. FEI Number	- I Apr	olied For
2. / mcipar / 1	26				59-34977/3		Applicable
Suite, Apt.						\$8.75 A	
2	27				5. Certificate of Status Desired	Fee Re	
City & State					6. Election Campaign Financing	\$5.00	May Ro
→ •	•	28			Trust Fund Contribution	Added to	- 1
Zip	Country	Zip	Country	,	This corporation owes the current year In		
	25		30		Personal Property Tax.	Yes	₽No
4	9. Name and Address of Current		30		10. Name and Address of New Registered		
	5. Haine and Address of Cartery	regiotored rigoris	81	Name			
HORTON, MARGARET A				82 Street Address (P.O. Box Number is Not Acceptable)			
1787 EMERALD LANE							
MIDDLEBURG FL 32068							
IVAUU	ALEBONG 1 L 32000		83				
•			84	City		85 Zip C	ode
				<u> </u>	FL FL		
office or re agent. I as SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by ida Statutes	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as reg	pistered
	Signature, typed or printed name of registered agent			nt signature req	billed when rekisteding)	ND DIRECTO	DS IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	D	_				□ cuange	
NAME	HOHOU, MAHAMEL A		1.2 NAME				
STREET ADDRESS	1787 EMERALD LANE 1.3 S			T ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME		المراجع المستحد والمستحد المستحد		_
STREET ADDRESS	2.3		2.3 STREE	TADDRESS			
CITY-ST-ZIP	2.		2.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1		3.1 TITLE			Change	☐ Addition
NAME	321		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	 		☐ Change	Addition
			4. 2 NAME				
NAME			1				
STREET ADDRESS.				TADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ nerese	5.1 TITLE 5.2 NAME				
NAME							
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		-	Change	☐ Addition
NAME			6.2 NAME		•		
STREET ADDRESS			6.3 STREE	TADDRESS			}
CITY-ST-ZIP			6.4 CITY-5				
14. I hereby o	certify that the information supplied with	h this filing does not qualify for	the exemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the in	nformation

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 ar 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.

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90114 045 ***150.00

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualifed