

AMOUNT DUE ON OR BEFORE 09/13/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

19.

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000049219

1. Corporation Name

HORIZON DEVELOPERS OF CAPE CORAL INC.

Principal Place of Business

 P.O. BOX 1021
 CAPE CORAL FL 33910

Mailing Address

 P.O. BOX 1021
 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1998

4. FEI Number

65-0839738

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$8.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution☐
**\$5.00 May Be
Added to Fees**
8. This corporation owes the current year
Intangible Personal Property☐
 Yes ☐ No ☐

2. Principal Place of Business

 11246 NW 53 LANE
 Suite, Apt. #, etc.

2a. Mailing Address

 11246 NW 53 LANE
 Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33178

Country

U.S.A

Zip

33178

Country

U.S.A

9. Name and Address of Current Registered Agent

MARTIN, LUIS
 21466 N.W. 40TH CIRCLE COURT
 MIAMI FL 33055-1185

10. Name and Address of New Registered Agent

81 Name

LAZARO L. MARTIN

82 Street Address (P.O. Box Number is Not Acceptable)

11246 NW 53 LANE

83

84 City

MIAMI, Florida

FL

85 Zip Code

33178

11. Pursuant to the provisions of sections 607.0602 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)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MARTIN, LUIS	
STREET ADDRESS	21466 N.W. 40TH CIRCLE CT.	
CITY-ST-ZIP	MIAMI FL 33055-1185	
TITLE	VTD	☐ DELETE
NAME	MARTIN, LAZARO L	
STREET ADDRESS	1019 SE 18TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	S	☐ DELETE
NAME	ASCARRUNZ, RAUL	
STREET ADDRESS	1000 SW 104TH COURT #205	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	LAZARO L. MARTIN
2.4 CITY-ST-ZIP	11246 NW 53 LANE
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VTD - S
3.3 STREET ADDRESS	RAUL ASCARRUNZ
3.4 CITY-ST-ZIP	1000 SW 104TH COURT #205
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO L. MARTIN

8/17/99

305.

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90002 007 ***550.00

08-23-1999 90002 008 *****8.75



CR2E034 (5/99)