


FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**FILED**  
**Feb 17, 1999 8:00 am**  
**Secretary of State**

02-17-1999 90020 003 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000073122**
 1. Corporation Name  
**HORIZON RECOVERY INC.**

 Principal Place of Business  
 P O BOX 2878  
 JUPITER FL 33468

 Mailing Address  
 P O BOX 2878  
 JUPITER FL 33468


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

65-0858995

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DINKIN, MITCHELL A**  
**8295 N MILITARY TRAIL STE A**  
**PALM BEACH GARDENS FL 33468**

81 Name

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

83

84 City

FL

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. 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.)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
 NAME **D**  
**GARSHALL, STEVEN**  
 STREET ADDRESS **13820 PARC DRIVE**  
 CITY-STATE-ZIP **PALM BEACH GARDENS FL 33410**
1.2 NAME ☐ DELETE
 NAME **D**  
**MARLEY, JACK**  
 STREET ADDRESS **P O BOX 2878 N/A**  
 CITY-STATE-ZIP **JUPITER FL 33468**
1.3 NAME ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.4 NAME ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.5 NAME ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP
1.6 NAME ☐ DELETE
 NAME  
 STREET ADDRESS  
 CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/26/99 561 5755656  
 Date Daytime Phone #

CR2E034 (1/98)