

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 # P98000104713

1. Corporation Name

PBC - HORIZONS DIVISION, INC.

Principal Place of Business

9561 S.W. 1ST COURT  
PEMBROKE PINES FL 33025

Mailing Address

9561 S.W. 1ST COURT  
PEMBROKE PINES FL 33025

2. Principal Place of Business

2a. Mailing Address

City & State

City & State

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SHUMAN, WILLIAM  
9561 S.W. 1ST COURT  
PEMBROKE PINES FL 33025

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

*William T. Shuman* (WILLIAM T. SHUMAN)

2/1/99

12. OFFICERS AND DIRECTORS

TITLE D [ ] DELETE

NAME SHUMAN, WILLIAM  
STREET ADDRESS 9561 S.W. 1ST COURT  
CITY-STATE-ZIP PEMBROKE PINES FL 33025

TITLE D [ ] DELETE

NAME FROST, ROBERT  
STREET ADDRESS 23221 MERCANTILE AVENUE  
CITY-STATE-ZIP BEECHWOOD OH 44122

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE [ ] DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

100002793291-1

-03/03/99-01051-005

\*\*\*\*\*150.00 \*\*\*\*\*150.00

100002793291-1

-03/03/99-01051-006

\*\*\*\*\*5.00 \*\*\*\*\*5.00

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE: *William T. Shuman* WILLIAM T. SHUMAN

2/1/99

800-966-0200 X206

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