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

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # S05082 (0) HORIZONS UNLIMITED, INC. Principal Place of Business Mailing Address 12864 BISCAYNE BLVD 12864 BISCAYNE BLVD NORTH MIAMI FL 33181-2007 NORTH MIAMI FL 33181-2007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1990 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 65-0227695 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHORR, STEPHAN A 2101 N. ANDREWS AVENUE, SUITE 400 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311 83 84 City 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 (NOTE: Registered Agent alignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE RODRIGUEZ, GILL NAME 1.2 NAME 12864 BISCAYNE BLVD STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 2.1 TITLE RODRIGUEZ, RUTH A NAME 2.2 NAME 12864 BISCAYNE BLVD STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAMÉ 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 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 if changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

305-899-8190