

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

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S59129 (4)**

1. Corporation Name  
**NEW HORIZONS GENERAL CONTRACTORS, INC.**



Principal Place of Business <b>2511 PARK ST                  LAKE WORTH FL 33460                  US</b>	Mailing Address <b>2511 PARK ST                  LAKE WORTH FL 33460-6139                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>06/10/1991</b>	3a. Date of Last Report <b>10/09/1996</b>
4. FEI Number <b>65-0269494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANNUNZIATA, MARK A LOUIS**  
**2511 PARK ST**  
**LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name **ANNUNZIATA, LOUIS**  
 82 Street Address (P.O. Box Numbers Not Acceptable)  
**2511 PARK ST**  
 83  
 84 City **LAKE WORTH, FL** FL 85 Zip Code **33460**

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]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>ANNUNZIATA, MARK A</b>	
STREET ADDRESS	<b>2511 PARK STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>ANNUNZIATA, STEVEN R</b>	
STREET ADDRESS	<b>2511 PARK STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>ANNUNZIATA, LOUIS</b>	
STREET ADDRESS	<b>2511 PARK STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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]*

CR2E034 (9/96)