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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**SIGNATURE:** 

DOCUMENT # V66445

(0)

HORIZON PROPERTIES GROUP, INC.

**FILED** Mar 31 1997 8:00am Secretary of State



Principal Place	toe of Rusmess Mailing Address			I HADII DUQUA DUUN CAIN CAIN DIBHI DIANI ALLI ANDIL	
800 EAST CYPRESS CREEK ROAD 800 EAST CYPRESS CREEK ROAD SUITE 204					
FT. LAUDERDA	ILE FL 33334	FT. LAUDERDALE FL 33334	1-3522		
				<ol> <li>Date incorporated or Qualified 09/25/1992</li> </ol>	3a. Date of Last Report 04/08/1996
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 555	SW 12 AVE	26 665 SW 12	AVE _	65-0360213	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 # 1()	0	27 # 100		S. Cermicate of States Beamed	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 1 UM 1	ANO BEACH FL	L 28 POMPANO P	EACH IL	Trust Fund Contribution	Added to Fees
243306	29 Country 25 U.S.A	29 33069	Country 30 USA		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
PAT	'EK, ROBERT C.		81 Name		
333	CENTER ISLAND		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
GOL	LDEN BEACH FL 33160				
			83		
			84 City		<b>85</b> Zip Code
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p	ourpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was a	uthorized by the corpora	tion's board of directors. I hereby acce	pt the appointment as registered
ageni ra	m ramiliar with, and accept the oblig-	ations or, Section bur Josus, Mo	riua sialules.		
SIGNATURE	Signature, typical or printed name of registered age	ont and title if anningante (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PTSD	DELETE	1.5 TITLE		Change Addition
NAM <del>!</del>	PATEK, ROBERT C.	<del></del>	1.2 NAME		
	333 CENTER ISLAND				
STREET ACORESS	GOLDEN BEACH FL		1.3 STREET ADDRESS		
CITY - ST - ZIP	GOLDEN BEACHTE	DELETE	1.4 CITY-ST-ZIP		Change Additio
TITLE		f" neceig	2.1 TITLE		Li change Li Additio
NAME			2.2 NAME		
SIBEET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP	<u> </u>	
THE		☐ DELETE	3 1 TITLE		Change Addition
NAME		•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-7P			3 4. DITY-ST-ZIP		
lileE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ACIDRESS			4.3 STREET ADDRESS		
Dity St-7.P			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		• <del>-</del>
STREET ADDRESS			5.3 STREET ADDRESS		
CHY ST-ZIF	<b></b>	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
	(				Li Change Li Addition
NAME			6.2 NAME		
STREET ACCRESS			6.3 STREET ADDRESS		
CHY+ST+7IP			64 CHY-SI-ZIP		
14. I do herel	by certify that the information supplie	d with this filing does not qualif	y for the exemption states	d in Section 119.07(3)(i), Florida Statute	is. I further certify that the
informatic	or indicated on this annual report or s	supplemental annual report is tr	ue and accurate and tha ered to execute this repo	t my signature shall have the same legant as required by Chapter 607, Florida s	al effect as if made under carb.