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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000066754 (1)

HORN-NET MARKETING, INC.

4S2I PARKER AVE W PALM BOH. FL 33405  2. Principal Place of Business 2. Améling Address 4. FEI Number 65-0437890   Applied For 11   Applied For 12   Applied For 13   Applied For 14   Applied For 15   Applied Fo	Bringing Piec	e of Puninger	Mailing Address			·				
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 09/20/1983  2. Principal Place of Business 2. Additional Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 3. Centificate of Status Desired Status Desired Fee Required 2. Propositional Status Desired Property Tax due June 30. May Added to Fee	·									
2. Principal Place of Business   2e. Mailing Address   4. FEI Number   Applied For   Not Applicable   Sulte, Apt. #, etc.   26   Sulte, Apt. #, etc.   Sul				06			1			
2. Principal Place of Business	THE POST OF THE PO						DO NOT WRITE IN THIS SPACE			
Sulte, Apt. #, etc  Sulte,										
Suite, Apt. #, etc   Suite, Apt. #, etc   27   Suite, Apt. #, etc   27   Suite, Apt. #, etc   27   State   Suite, Apt. #, etc   27   State   S	2. Principal P	lace of Business	<b>⊢</b>				I		<del></del>	
Trust Fund Contribution   Added to Fees		#, etc.			-		5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  DEMPSEY, W. GLENN 505 S FLAGLER DR S-1330 W PALM BCH. FL 33401  82 Street Address (P.O. Box Number is Not Acceptable)  83   64 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, high and accept the obligations of. Section 607 0505, Florida Statutes  SIGNATURE  Signature, byce or preed none of repolared agent and that if application  (NOTE Registered Agent signature required when relandating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD HORNER, ROBERT R JR 4521 PARKER AVE.  WEST PALM BEACH FL  DELETE  1.1 TITLE  DELETE  1.1 TITLE  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.2 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME	City & State	6	— ·					,	,	
DEMPSEY, W. GLENN 505 \$ FLAGLER DR \$-1330 W PALM BCH. FL 33401  81  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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, bysed or protect name of registered agent and title if episticable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PO  OFFICERS AND DIRECTORS IN 12  TITLE  HORNER, ROBERT R JR  4521 PARKER AVE.  WEST PALM BEACH FL  DELETE  11 ITILE  12 NAME  23 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85  Zip Code  FL  86  City  FL  85  Zip Code  FL  85	Zip 24	25	29		ntry		Personal Property Tax due June 30.	☐ Yes		
Sireet Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyed or premisd name of registered agent age		g, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent		
S-1330 W PALM BCH. FL 33401  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 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 prefetch name of registered agent and lefter applicable. (NOTE Registored Agent signature required when reheating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD HORNER, ROBERT R JR 12. NAME STREET ADDRESS CITY-ST-ZIP  WEST PALM BEACH FL DELETE 21. TITLE DELETE 31. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31.	DEMPSEY, W. GLENN					Name				
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W PALM BCH. FL 33401  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or protect name of required agent and Mile if applicable.   (NOTE: Registered Agent signature required when reliatating)   DATE	S-1330				Street Address (F.O. DOX Multiplet is NOT Acceptable)					
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Signature, typed or prented name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating)  12. OFF ICERS AND DIRECTORS  ITITLE PD	11. Pursuant office or ragent. La	to the provisions of Sections 607 05 egistered agent, or both, in the Stam familiar with, and accept the obt	502 and 607.1508, Florida Stat te of Florida Such change was igations of, Section 607.0505, t	lutes, the at s authorized Florida Stat	oove d by utes	named cor the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing pointment a	its registered is registered	
12. OFF ICERS AND DIRECTORS  TITLE  NAME  HORNER, ROBERT R JR  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  LA CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  Change Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Addition  AMME  Addition  Change Addition  Addition  Change Addition  Addition	SIGNATURE	Signature, typed or printed hance of registered a	agent and title if applicable (N	OTE: Registered	Age	nt signeture regu	ired when reinstating) DATE			
NAME	12.				_			ID DIRECTO	DRS IN 12	
STREET ADDRESS	TITLE	PD	☐ DELETE	1.1 10	LE			Change	Addition	
CITY-ST-ZIP	NAME	HORNER, ROBERT R JR		1.2 NA	ME					
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         2.2 NAME </td <td>STREET ADDRESS</td> <td colspan="3">ADDRESS 4521 PARKER AVE.</td> <td colspan="2">1.3 STREET ADDRESS</td> <td></td> <td></td> <td></td>	STREET ADDRESS	ADDRESS 4521 PARKER AVE.			1.3 STREET ADDRESS					
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         2.2 NAME </td <td>CITY - ST - ZIP</td> <td colspan="3">ST-2(P WEST PALM BEACH FL</td> <td colspan="2">1.4 CITY-ST-ZIP</td> <td></td> <td></td> <td></td>	CITY - ST - ZIP	ST-2(P WEST PALM BEACH FL			1.4 CITY-ST-ZIP					
2.3 STREET ADDRESS	TITLE		☐ DELETE			·		☐ Change	Addition	
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NAME 3.2 NAME	TITLE		DELETE					Change	Addition	
				3.2 NA	ME.			-		
	STREET ADDRESS					ADDRESS				

64 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.

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

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SIGNATURE:

CITY-ST-ZIP

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Secretary of State

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