## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

·1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020544 (7) 1. Corporation Name

STEVEN G. HORNEFFER, P.A.

Principal Place of Business 101 SUNNY TOWN ROAD. SUITE 304 CASSELBERRY FL 32707 Mailing Address

101 SUNNY TOWN ROAD, SUITE 304 CASSELBERRY FL 32707

## FILED Jul 31 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1997 2. Principal Place of Ausiness 4. FEI Number 2a. Mailing Address Applied For 59-3431484 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Seminol 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMÉRIA AVENUE 82 (cceptable) **CORAL GABLES FL 33134** 83 City statement for the purpose of changing its registered os. I hereby accept the appointment as registered 11. Pursuant to the proctions 607,0502 and 607,1508, Florda Statutes, the above-named corporation submits this the State of Florida. Such ch office or register agent. I am fam SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS P810 TITLE 1.1 TITLE Change Addition HORNE STEVEN G NAME -101 SUNNY TOWN ROAD. SUITE STREET ADDRESS 1.3 STREET ADDRESS CABSELBERRY FL-32707 1.4 CITY-ST-ZIP CITY-ST-ZIP S.T. TITLE 2.1 TITLE Addition Change Steven G. NAME 2.2 NAME 990 Douglas Avenue, Suite 102 Altamonte Springs, F1. 32714 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE \_\_ Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 2000026057 NAME 5.2 NAME -**08**/03/98--01101--016 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied intal 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 of the reference 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 change 10 or an attachment with an address.

STEVEN G. HORNEFFER 7/30/98

(400) 088. NOVA

CR2E034 (5/98)

## Steven G. Horneffer Attorney at Law

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\*Criminal Law Family Law Trial Practice
\*Florida Bar Board Certified

July 28, 1998

Florida Department of State Secretary of State Annual Reports Filings Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Annual Report – Steven G. Horneffer, P.A.

FEI #: 59-3431484

Dear Sir or Madam:

Pursuant to our telephone conversation of this date, I am writing to request a waiver of the late filing fee presently imposed against the referenced corporation.

As we discussed, I moved my place of business in August of 1997 and never received the initial report packet. It is my understanding that you will, as a one-time only courtesy, waive the penalty under these circumstances.

I have enclosed my operating account check number 1518 in the amount of \$150.00, representing payment of the annual corporate filling fee.

Thank you for your consideration in this matter.

Steven G. Horneffer

SGH/crf

Enc.: Annual Corporate Report Check #1518 - \$150.00