## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address P.O. BOX 8688

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P97000052861 1. Corporation Name

HORN TRADING, INC.

Principal Place of Business

P.O. BOX 8688



FILED Aug 17, 1999 8:00 am Secretary of State

08-17-1999 90002 021 \*\*\*550.00

JACKSONVILLE FL 32239		JACKSONVILLE FL 32239	JACKSONVILLE FL 32239		DO NOT WRITE IN THIS SPA	ACE
					3. Date Incorporated or Qualified	
					06/13/1997	
2. Principal P.	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-3451433	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> ¬		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<del>                                     </del>		8. This corporation owes the current year Intangible Personal Property.	es No
	9. Name and Address of Curre		130		10. Name and Address of New Registered Age	
				81 Name		
NICHOLS, JOHN W 1329 KINGSLEY AVENUE				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUIT	ΈD			83		
ORA			84 City	FL <sup>8</sup>	5 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.		ND DIRECTORS	13.	ed Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PD	DELETE	1.1 TIT	LE	<del></del>	Change Addition
NAME			1.2 NA	ME	_	
STREET ADDRESS	1		1.3 STI	REET ADDRESS		ا ا
CITY-ST-ZIP			1.4 CF	TY-ST-ZIP		
TITLE	STD DELETE 2.1		2.1 TIT	LE		Change Addition
NAME	Diffusion of the		. 2.2 NA	ME		
STREET ADDRESS	0.01.110711100 5412		2.3 STI	REET ADDRESS		
CITY-ST-ZIP			_	Y-ST-ZIP		
TITLE	DELETE 3.1					Change Addition
NAME			3.2 NA			
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP			3.4 CIT	Y-ST-ZIP		Charge T addition
TITLE		L DELETE	4.1 111 4.2 NA		L	Change Addition
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		}
TITLE	DELETE 5.1 TF				Change Addition	
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			f	Y-ST-ZIP		
TITLE		DELETE	6.1 Tí1			Change Addition
NAME	•		6.2 NA	ME (	<u>—</u>	• —
STREET ADDRESS	_			REET ADDRESS		
CITY-ST-73P			6.4 CI	Y-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, of on an attachment with an address.

SIGNATURE: