## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

746669

| Principal Place of Business Mailing Address  P.O. BOX 10067 P.O. BOX 10067 P.O. BOX 10067 BRADENTON FL 34282-0067 |  |                   |          |                        |                                       |   |   |  |                       |  |
|---|--|-------------------|----------|------------------------|---------------------------------------|---|---|--|-----------------------|--|
| P.O. BOX 10067 BRADENTON FL 34282-C<br>BRADENTON FL 34282 US  |  |                   |          | <i>.</i>               |                                       |   | 3. Date Incorporated or Qualified 3a, Date of Last Report 04/09/1979 05/01/1996 |  |                       |  |
| 2. Principal Place of Business 2a. Mailing Address 21   |  |                   |          |                        | <del></del> -                         |   | 4. FEI Number Applied For Not Applied For Not Applied For                       |  |                       |  |
| Suite, Apt.   | t. #, etc.   |                   |          |                        |                                       | ste of Status Decired \$8.75 Additional |   |  |                       |  |
| 22  |  | 27                |          |                        |                                       |   | 5. Certificate of Status Desired  | Feel   | Pequired              |  |
| City & Stat<br>23   | 0  | City & St         | ate      |                        |                                       |   | Election Campaign Financing     Trust Fund Contribution                         |  | D May Be<br>d to Fees |  |
| Zip   | Country  | Zip               |          | Country                | <del>,</del>                          |   | 8. This corporation has liability for in  |  | ·····                 |  |
| 24  | 25   | 29                | 30       | i i                    |                                       |   |   | Yes No   |                       |  |
|   | <ol><li>Name and Address of Curre</li></ol>  | nt Registered Age | nt       |                        |                                       | 1                                       | <ol><li>Name and Address of New Reg</li></ol>                                   | istered Agent  |                       |  |
|   |  |                   |          | 81                     | Name                                  |   |   |  |                       |  |
| HARMONY MANAGEMENT<br>4400 EL CONQUISTADOR PKWY., #22   |  |                   |          | 82                     | Street                                | Address                                 | ddress (P.O. Box Number is Not Acceptable)                                      |  |                       |  |
| BRADENTON FL 34210  |  |                   |          |                        | · · · · · · · · · · · · · · · · · · · |   |   |  |                       |  |
|   | .•   |                   |          | 84                     | City                                  |   |   | 85 Zij   | Code                  |  |
|   | to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblig |                   |          | [ ]                    | 1                                     |   |   | FL!  |                       |  |
| SIGNATURE   | Signature, typed or printed name of registered as  |                   |          |                        |                                       |   | hen reinstalkng)  | DATE   |                       |  |
| 12.   | VP OFFICERS AI   |                   | DELETE   | 1.1 TITLE              |                                       | BIRE                                    | ADDITIONS/CHANGES TO OFFIC  | Change   |                       |  |
| NAME  | KELLY, GREEN   | ļ.                | J PILLIC | 1.2 NAME               |                                       |   | ly preen  | COS CHAINGE  | land routio           |  |
| STREET ADDRESS  | 5110 27TH ST W   |                   |          | 1.3 STREET             | ADDRESS                               |   | 27th St. WEST   |  |                       |  |
| CITY-ST-2IP   | BRADENTON, FL 00000  |                   |          | 1.4 CITY-S             | T-ZIP                                 | 1 -                                     | 00200, FL. 34207  |  |                       |  |
| TITLE   | PD   |                   | DELETE   | 2.1 TITLE              |                                       |   | PRESIDENT D   | Change   | Addition              |  |
| NAME  | DRUTOWSKI, JOSEPH  |                   |          | 2.2 NAME               |                                       |   | ies siundo  |  |                       |  |
| STREET ADDRESS  | 5109 28TH ST W   |                   |          | 2.3 STREET             | ADDRESS                               | · ·                                     | 3 20 St. CT.W.  |  |                       |  |
| CITY-ST-ZIP   | BRADENTON, FL 00000  |                   | DELETE   | 2.4 CITY-1             | ST-ZIP                                |   | DENTAY, FC. 34207   | NU Change  | Additio               |  |
| TITLE<br>NAME   | SD<br>Hopper, Mart A   | 9                 | Deterie  | 31 TITLE<br>32 NAME    |                                       |   | ron hosphing .  | ( Complete C |                       |  |
| STREET ADDRESS  | 5113 29TH ST   |                   |          | 3.3 STREET             | ADDRESS                               | 511                                     | 7-29 Etreet west  |  |                       |  |
| CITY-ST-ZIP   | BRADENTON, FL 00000  |                   |          | 3.4. CITY-             |                                       |   | DENTON, FL. 34207   |  |                       |  |
| TITLE   | T  |                   | DELETE   | 4.1 TITLE              |                                       |   | LOCUST D  | Change Change  | Addition              |  |
| NAMé  | RUSCH, BETTY   |                   |          | 4. 2 NAME              |                                       |   | H, BETTY  |  |                       |  |
| STREET ADDRESS  | 5112 28TH STREET   |                   |          | 4.3 STREET             |                                       |   | 28th street   |  |                       |  |
| CITY-ST-ZIP   | BRADENTON, FL 00000  |                   | PRICTE   | 4.4 CITY - S           | T-ZIP                                 |   | 960-100, Fc. 34207  |  | Addist-               |  |
| TITLE   | DT<br>Kaylor, Betty  | Di                | DELETE   | 51 TITLE               |                                       |   | MOURER D  | ☐ Change   | Addition              |  |
| NAME<br>STREET ADDRESS  | ALET ALET HE SAL   |                   |          | 5.2 NAME<br>5.3 STREET |                                       | न्छ्य                                   | N MACTINE ST. CT. W.  |  |                       |  |
| CITY - ST - ZIP   | BRADENTON, FL 00000  |                   |          | 5.4 CITY-S             |                                       | 1 -                                     | 10eptol FL 34207  |  |                       |  |
| TITLE   |  |                   | DELETE   | 6.1 TITLE              |                                       |   | VI V  | Change   | Additio               |  |
| NAME  |  |                   |          | 6.2 NAME               |                                       | [                                       |   |  |                       |  |
| STREET ADDRESS  |  |                   |          | 6.3 STREET             | ADDRESS                               |   |   |  |                       |  |
|   | ľ  |                   |          | 64 CITY - 9            |                                       | 1                                       |   |  |                       |  |

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

May 13 1997 8:00am

Secretary of State