FILE NOW: FILING FEE IS $61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003680

1. Corporation Name: HARMONY GROUP OF AMERICA, INC.

Principal Place of Business: 8700 NORTH 50TH ST. UNIT 124, TAMPA, FL 33617

Mailing Address: SAME

3. Date Incorporated or Qualified: JUNE 26, 1997

4. FEI Number: 59-3454512 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 121 PLANTATION CT. E.
22 Suite, Apt. #, etc. APT. C
23 City & State: TAMPA, FL
24 Zip: 33617 25 Country: USA

2a. Mailing Address
26 121 PLANTATION CT E
27 Suite, Apt. #, etc. APT. C
28 City & State: TAMPA, FL
29 Zip: 33617 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAW PER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

10. Name and Address of New Registered Agent

81 Name: KIM RICCO
82 Street Address (P.O. Box Number is Not Acceptable): 881 VILLAGE WAY
83
84 City: PALM HARBOR FL 85 Zip Code: 34683

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: KIM RICCO — Kim Ricco — 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P S T, D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN AARON MILLER		1.2 NAME	
STREET ADDRESS	121 PLANTATION CT. E, APT C		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AMELIA LOUISE GAGNE		2.2 NAME	
STREET ADDRESS	10401 WILLIAMS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL 33592		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOROTHEA AMELIA HYDE		3.2 NAME	
STREET ADDRESS	10401 WILLIAMS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA, FL 33592		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

4/20/98

600002504376
-04/29/98--01010--012
***61.25

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Aaron Miller — JOHN AARON MILLER 813/689-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #