

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

**FILED**

**May 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000059614 (3)**

1. Corporation Name  
**IMAGINE HARMONY, INC.**



Principal Place of Business: **106 EAST MOODY BOULEVARD, SUITE B BUNNELL FL 32110**  
Mailing Address: **POST OFFICE BOX 2494 BUNNELL FL 32110-2494**

3. Date Incorporated or Qualified: **07/16/1996**  
3a. Date of Last Report

2. Principal Place of Business: **2225 SR 3 Suite B-2B St. Augustine FL 32084**  
2a. Mailing Address: **612 MARISSA ST St. Augustine FL 32084**

4. FEI Number: **09-3390572**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name  
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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PTD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DOMBROWIAK, RICHARD J</b>		1.2 NAME
STREET ADDRESS: <b>106 EAST MOODY BOULEVARD, SUITE B</b>		1.3 STREET ADDRESS
CITY-ST-ZIP: <b>BUNNELL FL 32110</b>		1.4 CITY-ST-ZIP
TITLE: <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DOMBROWIAK, ALICE C</b>		2.2 NAME
STREET ADDRESS: <b>106 EAST MOODY BOULEVARD, SUITE B</b>		2.3 STREET ADDRESS
CITY-ST-ZIP: <b>BUNNELL FL 32110</b>		2.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME
STREET ADDRESS:		3.3 STREET ADDRESS
CITY-ST-ZIP:		3.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME
STREET ADDRESS:		4.3 STREET ADDRESS
CITY-ST-ZIP:		4.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME
STREET ADDRESS:		5.3 STREET ADDRESS
CITY-ST-ZIP:		5.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		6.4 CITY-ST-ZIP

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\*\*\*165.00

*RW 5-7-97*

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 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 in an attachment with an address.

SIGNATURE: *Richard J Dombrowiak* Date: **4-27-97** Daytime Phone: **461-9929**

CR2E034 (9/96)