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



FLORIDA DEPARTMENT'OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000014893 (6)

HARMONY INTERIORS, INC.

Principal Place of Business

Mailing Address

FILED Jul 29 1998 8:00am Secretary of State



| 3760 NW 52ND ST BOCA RATON FL 33 49 6 | | | 3760 NW 52ND ST BOCA RATON FL 33496 | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/13/1997 | |
|-------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|-----------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal F | Place of Business | 2a. Mailir | 2a. Mailing Address | | | 4. FEI Number / 7_ L. Applied For | |
| 21 | | 26 | 26 | | | 65.0760482 6/17/97 Not Applicable | |
| Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State | | City 8 | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country 25 | Zip | | Country 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | |
| <u> </u> | 9. Name and Address of Cu | | Agent | 130 | | 10. Name and Address of New Registered Agent | |
| LIAD | RIS, ROBERT G | | | 81 | Name | | |
| | | | 82 S | | | | |
| | S FE D ERAL HWY RFIELD BEACH FL 33441 | | | | Street Ad | reet Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | | |
| | | | | 84 | City | FL 85 Zip Code | |
| office or | registered agent, or both, in the S am familiar with, and accept the c | State of Florida Suc obligations of, section | ch change was on 607.0505, F | authorized by lorida Statute | the corpora | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered | |
| | Signature, typed or printed name of registers | | <u></u> | - · · · · · · · · · · · · · · · · · · · | gent signature re | required when reinstalling) DATE | |
| 12. | T | S AND DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | OI SCOT DONNIC I | | DELETE | 1.1 TITLE | | Change () Addition | |
| NAME | SILBERT, BONNIE J 3760 NW 52ND ST | | | 1.2 NAME | | | |
| STREET ADDRESS | | | | 1.3 STREET | | | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | | | 1.4 CITY-S | I-ZIP | | |
| TITLE | | | DELETE | 2.1 TITLE | | Change Addition | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | ļ | | | 2.3 STREET | | | |
| CITY-ST-ZIP TITLE | | | Pereze | 2.4 CITY-ST | -ZIP | | |
| NAME | | | DELETE | 3.2 NAME | | L Change L Addition | |
| STREET ADORESS | | | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | 3.4 CITY-S | | | |
| TITLE | | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | - 2 iP | | |
| TITLE | | | DELETE | 5.1 TITLE | | | |
| NAME | | | | 5.2 NAME | | -07/31/98010900 11 | |
| STREET ADORESS | | | | 5.3 STREET | ADDRESS | ***150.00 | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | r-ZIP | | |
| TITLE | | | DELETE | 6.1 TITLE | | Change ddilion | |
| NAME | | | | 6.2 NAME | | TV nCA | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | 1/13EV | |
| 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 supply hental 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 on an attachment with an address.

from The Desk Of Bonnie Silberi 7/1/98 With reference to my Phone Powersalian With Stoce - Jam enclusing the signed gain along with my chick for \$ 150,00 This matrice was the Jinst Jelens statice drewe ul. Morhyau. . Duxei Seller

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