

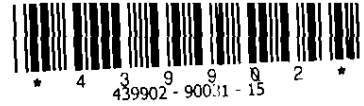
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90031 015 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724812**  
1. Corporation Name  
**HARMONY EDUCATION CENTER, INC.**



Principal Place of Business % 111 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801	Mailing Address % 111 N. ORANGE AVE. SUITE 1100 ORLANDO FL 32801
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1972
22 Site, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1448961 Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country 25	29 Zip Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>RAFT, CAROLE 7036 NANDINA LANE TAMARAC FL 33321</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESSEMER, HENRIETTA C	1.2 NAME	
STREET ADDRESS	240 HARMONY HILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, EVELYN	2.2 NAME	
STREET ADDRESS	240 HARMONY HILL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBAL, GLEN	3.2 NAME	
STREET ADDRESS	158 HARMONY HILL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANGELO, ANTONY	4.2 NAME	
STREET ADDRESS	240 HARMONY HILL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, B J	5.2 NAME	
STREET ADDRESS	161 HOWELL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNESVILLE NC	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFT, CAROL	6.2 NAME	
STREET ADDRESS	7036 NANDINA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	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 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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-26-99 828-452-1056  
Date Daytime Phone #