

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H57181 (0)

1. Corporation Name  
HARMIK, INC.



Principal Place of Business Mailing Address  
135 E. INTERNATIONAL SPEEDWAY  
SUITE 5  
DAYTONA BCH. FL 32118-4677  
US  
135 E. INTERNATIONAL SPEEDWAY  
SUITE 5  
DAYTONA BCH. FL 32118-4677  
US

|                                |                          |                                                                                         |                                                                     |
|--------------------------------|--------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address      | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21. Suite, Apt. #, etc.        | 26. 125 N. RIDGEWOOD AVE | 05/09/1985                                                                              | 03/03/1995                                                          |
| 22. City & State               | 27. 40 BELKS SE.         | 4. FEI Number                                                                           | Applied For                                                         |
| 23. Zip                        | 28. DAYTONA BEACH        | 59-2541150                                                                              | Not Applicable                                                      |
| 24. Country                    | 29. FL 32118             | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
|                                | 30. VOLUSIA              | 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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

KRAUSE, KATHRYN F.  
135 E. INTERNATIONAL SPEEDWAY  
SUITE 5  
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 125 N. RIDGEWOOD AVE                                   |              |
| 83.                                                    |              |
| 84. City                                               | FL           |
| DAYTONA BEACH                                          | 32114        |

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: *Kathryn F. Krause* KATHRYN F. KRAUSE 1/24/96  
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                      | TD                                      | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MICHAELS, ANNA A.                       | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2828 N ATLANTIC AVE                     | 1.3 STREET ADDRESS                                    | 2900 N. Atlantic Ave.                                                        |
| CITY- ST- ZIP              | DAYTONA BEACH FL                        | 1.4 CITY- ST- ZIP                                     | Daytona Beach FL 32118                                                       |
| TITLE                      | DV                                      | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KRAUSE, KATHRYN F.                      | 2.2 NAME                                              | 125 N. RIDGEWOOD AVE 40 BELKS SE                                             |
| STREET ADDRESS             | 135 E. INTERNATIONAL SPEEDWAY, SUITE #5 | 2.3 STREET ADDRESS                                    | 2240 So HAWKAY DR                                                            |
| CITY- ST- ZIP              | DAYTONA BEACH FL                        | 2.4 CITY- ST- ZIP                                     | DAYTONA BEACH FL 32115                                                       |
| TITLE                      |                                         | 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                      |                                         | 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                      |                                         | 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                      |                                         | 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                                     |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Kathryn F. Krause* KATHRYN F. KRAUSE 1/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR2E034 (12/95)