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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57181

(0)

HARMIK, INC.

FILED
Jan 30 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address								(000)	ı digil bibli dibil	ALOU DION 1985	
135 E. INTERNATIONAL SPEEDWAY 125 N. RIDGEWOOD AVE											
SUITE 5	ATIONAL DI CEDITAT	C/O BECKS SR.									
DAYTONA BCI	f. FL 32118-4677	DAYTONA BEACH FL 32118					DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorporated or Qualified 05/09/1985				
2. Principal Pla	ace of Business	2a, Mailing	2a. Mailing Address				4, FEI Number			Applied For	
21		26					<u>59-254115</u>	<u>0 </u>		Not Applicable	
Suite, Apt. #	, etc.	Suite A	Suite, Apt. #, etc.				5. Certificate of Sta	tus Desired 🔲		5 Additional	
22		27					J.			Required	
City & State		City & S	City & State				6, Election Campai	· ·		O May Be	
23		28					Trust Fund Contr			ed to Fees	
Zip	Country				B. This deliporation error of the pale the current year mangine						
24	25 29 30 g, Name and Address of Current Registered Agent			0	Personal Property Tax due June 30. Yes No						
V/DA		t neglistered Ag	10111	B	1	Name	10. Italiie and Addiess of New Pogistered Agent				
KRAUSE, KATHRYN F.				ľ		rvanic					
	N. RIDGEWOOD AVE					Street Addres	ss (P.O. Box Number i	s Not Acceptable)			
UAT	TONA BEACH FL 32114										
				8	1						
				84	4 (City			FL 85 Z	ip Code	
	the manisians of Continue COZ OF OF	0	Florido Otatutos	theaba	1		ration as builta this ata	. .		a ita rapiatorad	
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 Signature, typed or printed hamme of registered agent and title if approachie. (NOTE: Registered Agent signature required when reinstaling) DATE											
						signature required		GES TO OFFICERS		OBS IN 12	
12.	TD STREETS AND		DELETE	13.	-		ADDITIONS/CHAI	IGES TO OFFICENS	Chang		
NAME	MICHAELS, ANNA A.	•		1.2 NAME							
STREET ADDRESS	2900 N ATLANTIC AVE			1.3 STREE		ODRESS					
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY							
TITLE	DV		DELETE	2.1 TITLE		211			Chang	e Addition	
NAME	KRAUSE, KATHRYN F.			2.2 NAME							
STREET ADDRESS	125 N RIDGEWOOD AVE %BE	CKS			2.3 STREET ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL			2. 4 CITY						i	
TITLE			DELETE	3.1 TITLE			· · ·		☐ Chang	e Addition	
NAME				3.2 NAME	Ε						
STREET ADDRESS				3.3 STREE		DDRESS					
CITY-ST-ZIP				3.4. CITY		1					
TITLE		T T	DELETE	4.1 TITLE			 		☐ Chang	e Addition	
NAME				4. 2 NAM					_		
STREET ADDRESS				4.3 STREE		DDRESS		1			
CITY-ST-ZIP				4.4 CITY-	-ST-2	ZIP					
TITLE			DELETE	5.1 TITLE					Chang	e Addition	
NAME				5.2 NAME	E						
STREET ADDRESS				5.3 STREE		ODRESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETE	6.1 TITLE					☐ Chang	e Addition	
NAME				6.2 NAME	F						
STREET ADDRESS	-			6.3 STREI		DDRESS					
CITY-ST-ZIP				6.4 CITY-							
3.77 OT EII				J							

14. Thereby 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 on an attachment with an address.

Alan I Name

1/2/40

2E034 (10/97)