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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K80461

THE ARMONIA CORPORATION

Principal Place of Business Mailing Address					. I COMINIST REFININT NOTE NUMBER ALTER TRAIN OF	OLE BIEST DIOLS BIEST :	0 0 ( <b>3</b>  0     <b>90</b>
C/O JOHN C. SCURTIS 701 N.E. SECOND AVE.		C/O JOHN C. SCURTIS 701 N.E. SECOND AVE.					
MIAMI FL 33132		MIAMI FL 33132		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					04/14/1989		
<b>⊢</b> '	Place of Business	2a. Mailing Address			4. FEI Number	<b>├</b> ─ <del>├</del> ─	plied For
Suite, Apt.	# ata	Suite, Apt. #, etc.			65-0115979	<del></del>	ot Applicable
22	#, <del>0</del> 10.	27			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	te	City & State		-	6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	· ·
Zip	Country	Zip	Cour	ntry	This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	X(No
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Register	ed Agent	, , , , , , , , , , , , , , , , , , , ,
ecu	JRTIS, JOHN C.			81 Name			
	N.E. SECOND AVE.		İ	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	MI FL			83	The second secon	e the grade and a grade	haigh Times in a
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			03			, V. F.
			Ī	84 City		85 Zip (	Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida State	ites the ah	nve-named co	prporation submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corner	ation's board of directors. I hereby accept the ap	pointment as re	aistered
	<u> </u>		11 01 1	,c 00.po.c			J
agent. I a	nm familiar with, and accept the obligat	tions of, Section 607.0505, Fl	lorida Statu	tes.	·		
agent. I a SIGNATURE	m familiar with, and accept the obligat		lorida Statu	tes.	uired when reinstating) DATE		
1	am familiar with, and accept the obligat		lorida Statu	tes.	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE	am familiar with, and accept the obligat	nt and title if applicable. (NOT	lorida Statu	tes. Agent signature requ			
SIGNATURE	om familiar with, and accept the obligated agenticature, typed or printed name of registered agenticature.	nt and title if applicable. (NOT	E: Registered /	tes. Agent signature requ LE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IRS IN 12
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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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90014 022 \*\*\*150.00

505-378-066