FILE NOW: FILING FEE IS $61.25

FILED
Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90032 029 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48010**

1. Corporation Name
HARMONY FARMS, INCORPORATED

Principal Place of Business	Mailing Address
4150 LAKE WASHINGTON RD MELBOURNE FL 32934 US	P O BOX 061747 PALM BAY FL 32906 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/19/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3114190 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VON LAUFEN, MICAHEL J 1020 WROBEL PLACE MELBOURNE FL 32904	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAUFEN, MIKE VON		1.2 NAME		
STREET ADDRESS	1020 WROBEL PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGAN, PAMELA		2.2 NAME		
STREET ADDRESS	1024 LENNOX WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAW, JUDY		3.2 NAME		
STREET ADDRESS	100 E DOVER ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNELL, JACKIE		4. 2 NAME		
STREET ADDRESS	3665 EAGLE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOUCHER, SUSAN		5.2 NAME		
STREET ADDRESS	4165 EL DORADO WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SUSAN		6.2 NAME		
STREET ADDRESS	3970 PARKWAY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE 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: Michael Von Laufen MICHAEL VON LAUFEN 1/10/99 407-253-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)