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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000002066			
1. Corporation Name THE HARVEST NETWORK, INC.			
Principal Place of Business 1190 CAPITAL CIRCLE N.E., STE D TALLAHASSEE FL 32301-3547		Mailing Address 1190 CAPITAL CIRCLE N.E., STE D TALLAHASSEE FL 32301-3547	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/11/1997 4. FEI Number 59-3438834 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 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 BOSWELL, DON 2923 BYINGTON CIRCLE TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent 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

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	PD BOSWELL, DON	11 TITLE	
NAME	2923 BYINGTON CIRCLE	12 NAME	
STREET ADDRESS	TALLAHASSEE FL 32303	13 STREET ADDRESS	600002861456--2
CITY-ST-ZIP		14 CITY-ST-ZIP	-05/04/99--01024--007
TITLE	VD JAZO, TAMI	21 TITLE	*****70.00
NAME	2548 WHISPER WAY	22 NAME	
STREET ADDRESS	TALLAHASSEE FL 32301	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	TD BOSWELL, NORA	31 TITLE	
NAME	2923 BYINGTON CIRCLE	32 NAME	
STREET ADDRESS	TALLAHASSEE FL 32303	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	SD KINSER, KAREN	41 TITLE	SD MARLENE HOENIG
NAME	P.O. BOX 10311 N/A	42 NAME	2507 HASTINGS DRIVE
STREET ADDRESS	TALLAHASSEE FL 32302-2311	43 STREET ADDRESS	TALLAHASSEE, FL. 32303
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D ZAPATA, ED	51 TITLE	
NAME	4021 DEVLIN DRIVE	52 NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D ZAPATA, MARY	61 TITLE	
NAME	4021 DEVLIN DRIVE	62 NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Don Boswell
DON BOSWELL

4/14/99

850-656-0008

CR2E037 (11/98)