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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000010134 (4)

HARMONY SERVICES, INC.

Principal Place of Business

SIGNATURE:

3501 UNIVERSITY DRIVE SUITE 202 C CORAL SPRINGS FL 33065				3501 UNIVERSITY DRIVE SUITE 202 C CORAL SPRINGS FL 33065-1880										
								•	3. Date Incorporated or Qualified 12/04/1992		le of Lat 1/199	st Report 6		
2. Principal Place of Business				2a. Mailing Address				,	4. FEI Number Applied For					
21			26	. .					65-0372951			Not Applicab	ole	
Suite, Apt #, etc				Suite, Apt. #, etc. 27				***************************************	5. Certificate of Status Desired	X	\$8.75 Additional Fee Required			
City & State				City & State				Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees					
Zip 24	2!	Country	29	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No						
	g. Name a	nd Address of Co	urrent Regi	Istered Agent					10. Name and Address of New Re	glatered A	gent			
ALTI	MAN, HAROL	D				8	1	Name						
3501 UNIVERSITY DRIVE SUITE 202 C							2	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
	AL SPRINGS	FL 33065				8	3		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
						84	4	City		FL	85 2	Zip Code		
11. Pursuant	to the provision	ns of Sections 607	7.0502 and	607 1508, Florid	la Statutes.	the abo	ve-	-named corpo	oration submits this statement for the p	urpose of	<u>L</u> changin	ig its registere	ed	
office or re agent. La	registered ager ım familiar with	nt, or both, in the i , and accept the c	State of Floo obligations	rida. Such chan of, Section 607.0	ge was auth 0505, Florid	horized t la Statute	οy 96.	the corporation	on's board of directors. I hereby accep	ot the appo	pintment	as registered	1	
SIGNATURE									ν.					
	Stgnature typed or	printed name of register	· ·······	····	(NOTE R		gen	it signature require	d when reinstating)	DATE				
12.	P	OFFICER	S AND DIRE		LETE	13.		 	ADDITIONS/CHANGES TO OFFIC		Chan			
	ALTMAN, H	IADOLD		1 DC	LEVE	1.1 TITLE					LI Chan	ge 🔲 Additio	Dri	
NAME CTOTEL ADDOCCC		CUS CIRCLE				1.2 NAME		4DDD505						
STREET ADDRESS	TAMARAC					1.3 STREE			•					
CHTY-ST-ZIP TITLE	VPS	T 1=		DE	EFTF.	1.4 CITY- 2.1 TITLE		- ZIP			☐ Chan	oe 🔲 Additio	ion	
NAME		ARRY S		الما الما		2.2 NAME						So THE LIGHTIN	VIII	
STREET ADDRESS	ALTMAN, BARRY S. 4749 NW 98TH LANE							ADDRESS						
CITY - ST - ZIP	CORAL SPI					2.4 CITY								
TITLE	001012 011	11110012		DE	LETE	3.1 TITLE		3 - ZIP			Chan	oe Additio	ion	
NAME				b 01	-	3.2 NAME					v.nan	g- Bood - Incoll		
STREET ADDRESS						3.3 STREE		ADDRESS						
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NAME						4. 2 NAM		ŀ		,				
STREET ADDRESS						4.3 STREE		ADDRESS						
CITY - ST - ZIP						4.4 CITY-								
TITLE				DE	LETE	5.1 TiTLE		- 44		·	Chan	ge Additio	ipri	
NAMÉ						5.2 NAME						p- Bood (1903/III)		
STREET ADDRESS						5.3 STREE		ADDRESS						
CITY-SI-7IP														
TIFLE				☐ D€	LETE	5.4 CITY- 6.1 TITLE		7 <u>21</u> F		·	Chan	pe Additio	ion	
NAME					· -	6.2 NAME				,	Sour VINIII			
l								LDDDCCC		,				
STREET ADDRESS						6.3 STREE	: I A	ADURE 22						

14. I do 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 or an attachment with an address.