

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90013 050 \*\*\*158.75

DOCUMENT # P92000010134

1. Corporation Name  
HARMONY SERVICES, INC.

Principal Place of Business  
3501 UNIVERSITY DRIVE  
SUITE 202 C  
CORAL SPRINGS FL 33065

Mailing Address  
3501 UNIVERSITY DRIVE  
SUITE 202 C  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/04/1992

4. FEI Number  
65-0372951

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 600 UNIVERSITY DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 600 UNIVERSITY DR  
Suite, Apt. #, etc.

22 City & State  
23 CORAL SPRINGS FL

27 City & State  
28 CORAL SPRINGS FL

24 Zip  
33071

29 Zip  
33071

9. Name and Address of Current Registered Agent  
ALTMAN, HAROLD  
3501 UNIVERSITY DRIVE  
SUITE 202 C  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent  
81 Name  
HAROLD ALTMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
600 UNIVERSITY DRIVE  
83  
84 City  
CORAL SPRINGS FL 85 Zip Code  
33071

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 *Harold Altman* HAROLD ALTMAN PRESIDENT 1/6/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ALTMAN, HAROLD	8016 HIBISCUS CIRCLE	TAMARAC FL	<input type="checkbox"/>
VPS	ALTMAN, BARRY S.	4749 NW 98TH LANE	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Harold Altman* PRESIDENT 1/6/99 984344 8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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