

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024466 (1)
 1. Corporation Name
HARMONY OAKS, INC.



Principal Place of Business 4275 AVE "D" FORT PIERCE FL 34947	Mailing Address 4275 AVE "D" FORT PIERCE FL 34947
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4875 16th STREET Suite, Apt. #, etc.		2a. Mailing Address 26 4875 16th STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/24/1995	
22 City & State 23 VERO BEACH, FL		27 City & State 28 VERO BEACH, FL		4. FEI Number 65-0626846 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 32966		25 Country USA.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32966		30 Country USA.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent BLAIR, DAVID B 4275 AVE "D" FORT PIERCE FL 34947				10. Name and Address of New Registered Agent			
81 Name		BLAIR, DAVID B.					
82 Street Address (P.O. Box Number is Not Acceptable)		4875 16th STREET					
83							
84 City		VERO BEACH		85 Zip Code FL 32966			

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 DAVID B. BLAIR *David Blair* 2/1/98
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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCK, GORDON	1.2 NAME	
STREET ADDRESS	4275 AVE "D"	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	1.4 CITY-ST-ZIP	
TITLE	POST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, DAVID B	2.2 NAME	
STREET ADDRESS	4275 AVE "D"	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34947	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Blair* **DAVID B. BLAIR, Pres.** 2/1/98 (SLI) 778-3931

CR2E034 (10/97)