

FILE NO FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am
Secretary of State

PRC CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000097805 (2)

1. Corporation Name
HARMONY OF HOBE SOUND, INC.

Principal Place of Business
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

Mailing Address
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/28/1995	4. FEI Number 65-0634088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DIVOSTA, OTTO B 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIVOSTA, OTTO B	
STREET ADDRESS	4500 PGA BLVD., SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT S KAIRALLA	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAM E. SHANNON	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JACK B. OWEN, JR.	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 40	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREENE, RICHARD E.	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shannon, William E.	
1.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: William E. Shannon as Pres William E. Shannon as Pres. 2/5/98 (561) 627-2112

CR2034 (10/97)