

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000048070 (2)**

1. Corporation Name
HAR-MONEY GROUP, INC.

Principal Place of Business 786 ERROL PARKWAY APOPKA FL 32712	Mailing Address 786 ERROL PARKWAY APOPKA FL 32712-2802
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CLARCONA CROSSINGS SHOPPING CENTER

3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4300 CLARCONA-OCOE ROAD Suite, Apt. #, etc. 22 Suite 205 City & State 23 ORLANDO, FLORIDA Zip 24 32810	2a. Mailing Address 26 4300 CLARCONA-OCOE ROAD Suite, Apt. #, etc. 27 Suite 205 City & State 28 ORLANDO, FLORIDA Zip 29 32810 Country 30 ORANGE	4. FEI Number 59-3382240 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**KELLER, JANE
786 ERROL PARKWAY
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Jane Keller* (NOTE: Registered Agent's signature required when reinstating) DATE: **4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, JANE	1.2 NAME	
STREET ADDRESS	786 ERROL PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32712	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, KEN	2.2 NAME	
STREET ADDRESS	786 ERROL PARKWAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	APOPKA FL 32712	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAFFAN, SUE	3.2 NAME	
STREET ADDRESS	201 N. HUDSON STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAFFAN, JAMES	4.2 NAME	
STREET ADDRESS	201 N. HUDSON STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32835	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 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 on an attachment with an address.

SIGNATURE: *Jane Keller* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 **1-407-889-2002**
Date Daytime Phone #

CR2E034 (9/96)