

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084740 (5)

1. Corporation Name
HARMONY BUILDERS, INC.



Principal Place of Business
114 OAK LANE
ORMOND BEACH FL 32174

Mailing Address
114 OAK LANE
ORMOND BEACH FL 32174-2612

3. Date Incorporated or Qualified: 10/14/1996
3a. Date of Last Report: No Previous RPR

2. Principal Place of Business
21. 1301 BEVILLE ROAD

2a. Mailing Address
26. 1301 BEVILLE ROAD

4. FEI Number: 59-341133
Applied For: Not Applicable

22. SUITE 12
City & State

27. SUITE 12
City & State

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

23. DAYTONA BEACH, FL
Zip: 32119 County: Volusia

28. DAYTONA BEACH, FL
Zip: 32119 County: Volusia

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

24. 32119 25. Volusia

29. 32119 30. Volusia

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
CRETENS, STEVEN R
114 OAK LANE
ORMOND BEACH FL 32174

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: *AS/AS* STEVEN R. CRETENS, PRESIDENT 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE	
NAME	STEVEN R. CRETENS		
STREET ADDRESS	114 OAK LANE		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE	
NAME	BARBARA A. CRETENS		
STREET ADDRESS	114 OAK LANE		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 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: *AS/AS* Steven R. Cretens, President 4/24/97 904-788-2737

CR2E034 (9/96)