

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90124 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000019633

1. Corporation Name  
**HARMONY GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~121 NORTH OSCEOLA AVE SUITE 300 CLEARWATER FL 33765~~  
 Mailing Address: ~~121 NORTH OSCEOLA AVE SUITE 300 CLEARWATER FL 33765~~

3. Date Incorporated or Qualified  
**03/03/1997**

2. Principal Place of Business: **2190 Rockledge Dr**  
 Suite, Apt. #, etc. **2190 Rockledge Dr**

4. FEI Number **59-3442881**  
 Applied For  Applied For Not Applicable

22. City & State: **Rockledge FL**

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

23. City & State: **Rockledge FL**

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

24. Zip **32955** 25. Country **USA** 29. Zip **32955** 30. Country **USA**

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

9. Name and Address of Current Registered Agent  
~~LOGAN, FRANK C  
 121 NORTH OSCEOLA AVE  
 SUITE 300  
 CLEARWATER FL 33765~~

10. Name and Address of New Registered Agent  
 81 Name **Tom Harmony**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2190 Rockledge Dr**  
 83  
 84 City **Rockledge** FL 85 Zip Code **32955**

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 **Tom Harmony** **Tom Harmony** **4/16/99**  
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LOGAN, FRANK C</del>	1.2 NAME	<b>TOM HARMONY</b>
STREET ADDRESS	<del>121 NORTH OSCEOLA AVE</del>	1.3 STREET ADDRESS	<b>2190 Rockledge Dr</b>
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	1.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PAGAN, FRANK C</del>	2.2 NAME	
STREET ADDRESS	<del>121 NORTH OSCEOLA AVE</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MILLER, DONNA C</del>	3.2 NAME	
STREET ADDRESS	<del>121 NORTH OSCEOLA AVE</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	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, with all other like empowered.

SIGNATURE: **Tom Harmony** **4/16/99** **407 636 0693**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)