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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067946 (8)

HARMONIOUS MONKS, INC.

## FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12967 SILVER OAKS DRIVE 12967 SILVER OAKS DRIVE JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For <u>255</u> 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLEE, DENNIS A 12967 SILVER OAKS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 83 City 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 obliqations of, Section 607.0505, Florida Statutes. enny SIGNATURE and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE Change Addition 1.1 TITLE TITLE NAME Dennis A. KLEE 1.2 NAME 12967 Silver Oak dr STREET ADDRESS 1.3 STREET ADDRESS JACKSIMUILLE FL 32223 CITY-ST-ZIP 1.4 CITY - ST - ZIP Secretary Dennis A. FLEE Change Addition 2.1 TITLE 2.2 NAME NAME Dennis STREET ADDRESS 12947 Silver Oak dr 2.3 STREET ADORESS CITY-ST-ZIP JACKSONVILLE FL 32223 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE \_\_\_ Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TATLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 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.