

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90018 033 ***150.00

0333264

DOCUMENT # P98000027762

1. Corporation Name

~~AMUSEMENT CITY CAFE INC~~ HARMONY TECHNOLOGY CORP.

Principal Place of Business
5606 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

Mailing Address
5606 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

22-3628062

Applied For
Not Applicable

5. Certificate of Status Desired = ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 104 Windsor Pt. Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Same

22 Suite, Apt. #, etc.

22 Palm Beach

23 City & State

23 FL 33418

24 Zip

24 33418

25 Country

25 USA

29 Zip

29 Country

9. Name and Address of Current Registered Agent

DEHON, FREDERIC T JR.
5606 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DEMARIA, WILLIAM SR.
STREET ADDRESS 5157 ROBINO DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME William DeMaria, Jr.
1.3 STREET ADDRESS 104 Windsor Point Drive
1.4 CITY-ST-ZIP Palm Beach Gardens FL 33418

2.1 TITLE Secretary ☒ Change ☐ Addition

2.2 NAME Ronald W. Greenfield
2.3 STREET ADDRESS 617 Hwy 71, Bldg. 1
2.4 CITY-ST-ZIP Brielle NJ 08730

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Signature and Typed Name of Signing Officer or Director
WILLIAM SR. DEMARIA REQUIRED

Date

Daytime Phone #

1/29/99

President

CR2E034 (11/98)