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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

HARMONY INVESTMENT GROUP, INC.

FILED Feb 10 1998 8:00am Secretary of State

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						<u> </u>		
Principal Plac	ce of Business	Mailing Address				il didii didii diski bib	AL BIBN BIBN ITE	
139 CLEARLE #6 COCOA FL 3		2190 ROCKLEDGE DRIVE ROCKLEDGE FL 32955 US	Ē		DO NOT WRITE	IN THIS SPACE		
US					3. Date Incorporated or Qualified			
					10/21/1992			
_ :	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26			59-3149967		Not Applicable	
Suite, Apt		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		75 Additional e Required	
City & State City & State				6. Election Campaign Financing		.00 May Be		
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			This corporation owes or has paid the current year Intangible		
24	25 g. Name and Address of Curr	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		ent Registereo Agent	81	Name	10. Name and Address of New Her	hareled Agent		
	IGAN, FRANK C.		"	IVALING				
400 CLEVELAND ST SUITE 800			82 Street Addi		dress (P.O. Box Number is Not Acceptab	le)		
CL	EARWATER FL 34615		83					
			84	City	- val til de	FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508. Florida Statute	es, the abov	L e-named co	progration submits this statement for the pr		ing its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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	<u></u>							
	Signature typed or printed name of registered a	ND DIRECTORS (NOT)		ent signature req	juired when reinstating)	DATE	TODO 111 40	
12.	PSTD	DELETE	13. 1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFIC	EHS AND DIREC		
NAME	HARMONY, THOMAS.P		1.2 NAME				ilige L. Addition	
STREET ADORESS	2190 ROCKLEDGE DR		1.3 STREET ADDRESS				1	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY - S	· •			j	
TITLE	SECO	DELETE	2.1 TITLE	01-21F		☐ Char	nge Addition	
NAME	JANE K. HARMONY		2.2 NAME					
STREET ADORESS	139 CLEARLAKE RD., #6		2.3 STREET	ADDRESS				
CITY-ST-ZIP	COCOA FL		2. 4 CITY -		•			
TITLE	TRES	DELETE	3.1 TITLE	51-211		Char	nge 🔲 Addition	
NAME	SHANNON HARMONY	- •	3.2 NAME				-	
STREET ADDRESS	139 CLEARLAKE RD., #6		3.3 STREET	ADDRESS				
CITY-ST-ZIP	COCOA FL							
TITLE	<u></u>	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Char	nge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY- S	- 1				
TITLE		DELETE	51 TITLE			Char	nge Addition	
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-21P			5.4 City-S					
TITLE		DELFTE	6.1 TITLE	-		☐ Char	nge 🔲 Addition	
NAME			6.2 NAME	ŀ				
STREET ADDRESS			6.3 STAEET	ADDRESS				
CITY+ST-ZIP			6.4 CITY-S	J				
44		24 At 1 At			6 5 446 67/68/11 50 11 60 11			

I nereby 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 armual 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