

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718051 (6)

1. Corporation Name  
**HERE'S HELP, INC.**



Principal Place of Business: 15100 N.W. 27TH AVENUE OPA LOCKA FL 33054  
Mailing Address: 15100 N.W. 27TH AVENUE OPA LOCKA FL 33054

3. Date Incorporated or Qualified: 02/11/1970  
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1298067  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: ABRAMSON, HERBERT 634 FLAGLER STREET MIAMI FL 33130  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KROSS, JOHN	
STREET ADDRESS	11000 NW 18TH STREET	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KANE, STANFORD	
STREET ADDRESS	16235 N.E. 11TH CT..	
CITY - ST - ZIP	NORTH MIAMI BEAC FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROMANO, GENNARO	
STREET ADDRESS	2639 OAK PK CIR	
CITY - ST - ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABRAMSON, HERBERT W.	
STREET ADDRESS	634 FLAGLER ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALESI, PEGGY	
STREET ADDRESS	2460 N.E. 196TH ST.	
CITY - ST - ZIP	NORTH MIAMI BEAC FL	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)