FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 718051

1. Corporation Name

HERE'S HELP, INC.

15100 N.W. 27TH AVENUE OPA LOCKA FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

15100 N.W. 27TH AVENUE OPA LOCKA FL 33054

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 15, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed 02/11/1970

4. FEI Number 59-1298067

22		27			59-1298067		Not	Applicable					
City & State City & State					5 Cartifacto of Status Desired		\$8.75 Additional						
23	28				5. Certificate of Status Desired		Fee Required						
Zip	Country Zip		Country		6. Election Campaign Fin	ancing _	\$5.00	May Be					
24	25 29		30		Trust Fund Contribution	n .	Added to						
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent									
	- t t		81	Name	•								
ABRAMSO	N,HERBERT		82	Street Add	dress (P.O. Box Number is Not	Accentable)							
634 FLAGLER STREET				or other Address (1 Dox Hallings in Her Headplane)									
MIAMI FL 33130													
				City			. 85 Zip C	ode					
			84		LANGE CONTRACTOR	F							
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.													
- 0	,,,, (cc. trial) and accept the congac					•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	t signature requi	red when reinstating)	DATE							
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES	TO OFFICERS A							
TITLE	TD.	☐ DELETE	1.1 TITLE		一种,不得,有		Change	Addition					
NAME	KROSS, JOHN	4	1.2 NAME			-							
STREET ADDRESS 11000 NW 18TH STREET			1.3 STREET	ADDRESS									
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	Γ-ZIP									
TITLE	VPD	☐ DELETE	2.1 TITLE				Change	☐ Addition					
NAME	KANE, STANFORD		2.2 NAME		•								
STREET ADDRESS	16235 N.E. 11TH CT		2.3 STREET	ADDRESS									
CITY-ST-ZIP	NORTH MIAMI BEAC FL		2. 4 CITY-S	T- ZIP									
TITLE	SD	☐ DELETE	3.1 TITLE				Change	☐ Addition					
NAME	ROMANO,GENNARO		3.2 NAME										
STREET ADDRESS	2639 OAK PK CIR		3.3 STREET	ADDRESS									
CITY-ST-ZIP	DAVIE FL		3.4. CITY-S	T-ZIP									
TITLE	PD	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition					
NAME	ABRAMSON, HERBERT W.		4. 2 NAME		4 1 420 1 1	SECTION FROM	ا د فعوی الجیون دو	- <u>012</u> -412					
STREET ADDRESS	634 FLAGLER ST		4.3 STREET	ADDRESS		. 5、特別制		\$ \$ in the					
CITY-\$T-ZIP	MIAMI FL		4.4 CITY-ST	r-ZIP		Child War.							
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition					
NAME	ALESI, PEGGY		5.2 NAME				٠.						
STREET ADDRESS	2460 N.E. 196TH ST.		5.3 STREET	ADDRESS				-					
CITY-ST-ZIP	NORTH MIAMI BEAC FL		5.4 CITY-S1	r-ZIP									
TITLE	D	☐ DELETE	6.1 TITLE				Change	Addition					
NAME	GRANT, PEARL		6.2 NAME				*						
STREET ADDRESS	20711 NW 32 PL		6.3 STREET	ADDRESS									
City-St-Zip	CAROL CITY FL		6.4 CITY-ST	r-ZIP	•			1					
		14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Elertifa Statutes. Lightness 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 hade 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED