

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001421 (3)

1. Corporation Name
HELPMATE ROBOTICS INC.



Principal Place of Business: **SHELTER ROCK LN DANBURY CT 06810**
 Mailing Address: **SHELTER ROCK LN DANBURY CT 06810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1997**

4. FEI Number: **06-1110906** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ENGELBERGER, JOSEPH F	
STREET ADDRESS	109 TOWNTON HILL RD	
CITY-ST-ZIP	NEWTOWN CT 06870	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDLER, SHELDON	
STREET ADDRESS	11131 TAYLOR CT	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08848	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRY, JOHN F	
STREET ADDRESS	27 INDIAN POINT LN	
CITY-ST-ZIP	RIVERSIDE CT 06878	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	SWEENEY, THOMAS K	
STREET ADDRESS	15 COVE RD	
CITY-ST-ZIP	BROOKFIELD CT 06804	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, JOHN M JR	
STREET ADDRESS	15 MAPLE LN	
CITY-ST-ZIP	BROOKFIELD CT 06804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph G Cote	
1.3 STREET ADDRESS	19 Mallard Drive, Lloyd Neck	
1.4 CITY-ST-ZIP	Huntington, NY 11743	
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	ASST SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PRUDENCE SHEPARD	
5.3 STREET ADDRESS	GRAYS PLAIN RD	
5.4 CITY-ST-ZIP	NEWTOWN, CT 06482	
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 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.

SIGNATURE: *Thomas K Sweeney* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **203-798-8988** Daytime Phone # **0633877**

CR2E034 (10/97)