FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000079613 (4)**

1. Corporation Name
HELM CORPORATION

Principal Place of Business: ~~C/O 1500 S DIXIE HWY STE - 350 CORAL GABLES FL 33146 US~~

Mailing Address: ~~C/O 1500 S DIXIE HWY STE - 350 CORAL GABLES FL 33146 US~~

2. Principal Place of Business
21 1200 Brickell Avenue
Suite, Apt. #, etc.
22 Suite 305
City & State
23 Miami, Florida
Zip
24 33131
Country
25

2a. Mailing Address
26 1200 Brickell Avenue
Suite, Apt. #, etc.
27 Suite 305
City & State
28 Miami, Florida
Zip
29 33131
Country
30

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0485151 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CLINE, HARRY S
400 CLEVELAND ST
SUITE 800
CLEARWATER FL 34615

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	~~PD~~ ☐ DELETE
NAME	~~FENTON, JAMES P~~
STREET ADDRESS	~~175 FONTAINEBLEAU BLVD / STE - 1F~~
CITY-ST-ZIP	~~MIAMI FL~~
TITLE	~~S~~ ☐ DELETE
NAME	~~POWELL JR, JEFFERSON NORM~~
STREET ADDRESS	~~1500 S DIXIE HWY / STE - 350~~
CITY-ST-ZIP	~~CORAL GABLES FL~~
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	PD	☒ Change ☐ Addition
1.2 NAME	Fenton, James P.	
1.3 STREET ADDRESS	1200 Brickell Avenue, Suite 305	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	Powell,Jr., Jefferson N.	
2.3 STREET ADDRESS	1200 Brickell Avenue, Suite 305	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
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		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/4/96 (305) 373-6930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #