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

FILED
Jul 08 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 # P97000013229

1. Corporation Name
Helling Travel Service, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 21 5317 Majestic Ct.	2a. Mailing Address 26 1505 SE 40th Street	4. FEI Number 65-0729320	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite C	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Cape Coral FL.	City & State 28 Cape Coral FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33904 25 U.S.A.	Zip / Country 29 33904 30 U.S.A.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Silvana LaRocco
	82 Street Address (P.O. Box Number is Not Acceptable): 1505 SE 40th Street, Suite C
	83 Suite C
	84 City: Cape Coral FL 85 Zip Code: 33904

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 S. LaRocco — S. LaRocco — 07-02-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.T.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Bernd Helling		1.2 NAME	
STREET ADDRESS	Bergstr. 23		1.3 STREET ADDRESS	
CITY-ST-ZIP	56242 Selters Germany		1.4 CITY-ST-ZIP	
TITLE	V.P. S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Jutta Helling		2.2 NAME	
STREET ADDRESS	Bergstr. 23		2.3 STREET ADDRESS	
CITY-ST-ZIP	56242 Selters Germany		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	700002583727
STREET ADDRESS			6.3 STREET ADDRESS	-07/08/98--01005--020
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

Form **2848** (Rev. December 1995)
Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ For Paperwork Reduction and Privacy Act Notice, see the instructions.

OMB No. 1545-0150
For IRS Use Only
Received by:
Name
Telephone ( )
Function
Date / /

Part I Power of Attorney (Please type or print.)

1 Taxpayer Information (Taxpayer(s) must sign and date this form on page 2, line 9.)

Taxpayer name(s) and address	Social security number(s)	Employer identification number
HELLING TRAVEL SYSTEMS, INC. 1505 SE 40th St., Ste. C. CAPE CORAL, FL 33904		65 0729320
	Daytime telephone number (941) 549-9499	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)

Name and address	CAF No. / Telephone No. / Fax No. / Check if new:
HARSIT LEINER 1505 SE 40th St., Ste. C. CAPE CORAL, FL 33904	CAF No. ..... Telephone No. (941) 549-9499 Fax No. (941) 549-5133 Check if new: Address ☐ Telephone No. ☐
Name and address	CAF No. / Telephone No. / Fax No. / Check if new:
Gitana La Rocco 1505 SE 40th Street Suite C Cape Coral FL 33904	CAF No. ..... Telephone No. (941) 549-9499 Fax No. (941) 549-5133 Check if new: Address ☐ Telephone No. ☐
Name and address	CAF No. / Telephone No. / Fax No. / Check if new:
	CAF No. ..... Telephone No. ( ) ..... Fax No. ( ) ..... Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Income	1120, FI120	1997, 98, 99
Sales Tax, Tourist Tax		" " "
Annual Report	"	" " "

4 **Specific Use Not Recorded on Centralized Authorization File (CAF).**—If the power of attorney is for a specific use not recorded on CAF, check this box. (See Line 4—Specific uses not recorded on CAF on page 3.) . . . . . ▶ ☐

5 **Acts Authorized.**—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see Line 5—Acts authorized on page 4).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: .....

.....

.....

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 **Receipt of Refund Checks.**—If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

7 **Notices and Communications.**—Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box . . . . . ▶ ☐

b If you also want the second representative listed to receive a copy of such notices and communications, check this box . . . . . ▶ ☐

c If you do not want any notices or communications sent to your representatives, check this box . . . . . ▶ ☐

8 **Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here . . . . . ▶ ☐
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of Taxpayer(s).**—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

X Judie McNeil	10-15-97	
Signature	Date	Title (if applicable)
Judie Wellins		
Print Name		
	10-15-97	
Signature	Date	Title (if applicable)
Bernel Hellins		
Print Name		

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d Officer—a bona fide officer of the taxpayer's organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

Designation—Insert above letter (a–h)	Jurisdiction (State) or Enrollment Card No.	Signature	Date
g		M. Lewis	10-15-97
h		S. LaRocco	10-15-97

HELLING TRAVEL SYSTEM, INC.

Thursday, July 2nd, 1998

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Re.: Annual Report

Ladies and Gentlemen:

We have to date not yet received our preprinted annual report form. With this letter please find a blank annual report form which we have completed, and are submitting, together with the annual fee of $150.00.

Sincerely,

S. La Rocco

S. La Rocco POA

5317 Majestic Court, Cape Coral FL 33904
Tel. (941) 549-9499 Fax (941) 549-5133