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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # 150326

(7)

FILED Feb 09 1998 8:00am Secretary of State

1. Corporation	HELLE AND COMPANY	0 (7)			
Principal Plac	ce of Business	Mailing Address		- I TERIAN ISON ONNY ROYAL INLU NONE BY IN BLOK	DIOLI OLOLI BIBLI DIBLI BIBLI IBRI
200 S. RIVERSIDE DR. 200 S. RIVERSIDE DR.					
#402 #402				1	
NEW SMYRNA BEACH FL 32168-7148		NEW SMYRNA BEACH FL 3216B-7148		DO NOT WRITE IN THIS SPACE	
US		US		 Date Incorporated or Qualified 03/06/1947 	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-6060839	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30. 10 Name and Address of New Register	Yes No
g. Name and Address of Current Registered Agent ALFRED J. KATZIN, CPA			81 Name	IU. Hame and Address of New Hegister	cu Agent
3801 HOLLYWOOD BLVD.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021			00		
			83		
			84 City		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 ag	ent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DAT	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD CARY C	<u></u> □ DELETE	1.1 TITLE		Change L Addition
NAME	LIBBY, GARY R.		1,2 NAME		
STREET ADDRESS	419 JESSAMINE BLVD. DAYTONA BEACH FL		1,3 STREET ADDRESS	23 M. CLEANDER AVE	ENVE
CITY - ST - ZIP	STD STD	DELETE	1.4 CITY - \$T - ZIP	DAYTONA BEACH FL	Change Addition (
NAME	BOUCHELLE, JOY L	E pereid	2.7 (1) E 2.2 NAME		C Auguste C Variou L
STREET ADDRESS	200 S. RIVERSIDE DR.		2.3 STREET ADDRESS		
City-ST-ZIP	NEW SMYRNA BCH FL		2. 4 CITY-ST-ZIP		ļ
TITLE	VPD	☐ DELETE	3.1 TITLE		Change Addition
NAME	KATZIN, ALFRED J. C		3.2 NAME		ļ
STREET ADDRESS	3620 SIMMS STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY - ST - ZIP	<u> </u>	DELETE.	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		<u></u> DELETE	5.1 TITLE 5.2 NAME		L_ Change L_ Addition
NAME CYCET ADDRESS			1		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I hereby o	certify that the information supplied w	with this filing does not qualify for	r the exemption stated in §	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

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 pranged or on an attachment with an address.

SIGNATURE:

Ifore Or of FOURE

1/30/90

954/961-7940