FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 683473

1. Corporation Name

(3)

HEL-M	AR C	ORPO	ORA	HON

Principal Place of Business	Mailing Address		
2606 S HORSESHOE DR.	2606 S HORSESHOE DR.		
NAPLES FL 33942	NAPLES FL 33942		



2606 S HORS NAPLES FL 3		2606 S HORSESHOE DR NAPLES FL 33942	l.			
					3. Date Incorporated or Qualified 09/08/1980	3a. Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address			4. FEI Number 59-2023214	Applied For
21		26]			39-2023214	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Gountry 25	Zip 29	Count 30	ry	8. This corporation has liability for in	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Agent
			8	1 Name		
	KAN, FARHAD F. HORSESHOE DR.		8	2 Street Acid	lress (P.O. Box Number is Not Acceptab	le)
	FL 33942		8	3	y	
			8	4 City		FL 85 Zip Code
11 Durauant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the above	-panied corro	ration submits this statement for the nur	
or register	red agent, or both, in the State of F	lorida. Such change was authorize	d by the co	rporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	pintment as registered agent. I am
	ith, and accept the obligations of, S	ection 607,0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered a	igent and the Tappicable (NOT	£: Registered Aç	jent signature require	ed when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TITL	E		Change Addition
NAME	PEZESHKAN, FARHAD		1.2 NAM	E		
STREET ADDRESS	2680 LANTERN LANE		1.3 STAE	ET ADDRESS		
CITY - ST - ZIP	NAPLES FL		1.4 CITY	- ST - ZIP		
TITLE	VDT	DELETE:	2 1 TITL	F		Change Addition
NAME	CARSELLO, ROBERT		: 22 NAM	E		
STREET ADDRESS	725 CORAL DRIVE		23 STRE	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL		24 CITY			
TOLE	SD MARY	☐ DELETE	3 1 TITL			☐ Change ☐ Addition
NAME	CARSELLO, MARY		3 2 NAM			
STREET ADDRESS	725 CORAL DR. NAPLES FL			EET ADDRESS		
CITY-ST-ZIP	INAPLES PL	T DELETE	3.4 CITY			Change
TITLE		☐ htress	4. 1 TITL			Cuange C Managai
NAME			4.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE.	4.4 CITY 5 1 TITL			Change Addition
TITLE		_ been.	5.2 NAM			C Growing C Required
NAME			4	ET ADDRESS		
STREET ADDRESS			5.3 STRE			
CHY-ST-ZIP		[7] DELETE	6. 1 TITL			Change Addition
NAME			6.2 NAM	ļ		
STREET ADDRESS				ET ADDRESS		
				-ST-ZIP		
CITY-ST-ZIP		and with this files is ush starily five	ebod and d		for the exemption stated in Section 110	07/9/k) Florida Statutes I further

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). Fiorida 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 a factoress.

SIGNATURE: __

18 APRIL 1996 (941) 643-0004