

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # 742519 (2)
1. Corporation Name
HELPGRO, INC.



Principal Place of Business Mailing Address
2789 ORTIZ AVENUE FT. MYERS FL 33905 US

3. Date Incorporated or Qualified **04/19/1978** 3a. Date of Last Report **07/20/1995**
4. FEI Number **59-1864744** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FISHER, KENNETH
549 KEENAN AVE
FT MYERS FL 33919**

10. Name and Address of New Registered Agent
81 Name **Bob Austin**
82 Street Address (P.O. Box Number is Not Acceptable) **17404 Homewood Rd**
83
84 City **Ft Myers** FL 85 Zip Code **33912**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Bob Austin* 4-24-96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUVAL, FRANK JR	
STREET ADDRESS	247 CONNECTICUT AVE	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	DALTON, STEPHEN E.	
STREET ADDRESS	1833 HENDRY ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VID	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, KENNETH G	
STREET ADDRESS	549 KEENAN AVE	
CITY-ST-ZIP	FT MYERS, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REHFELD, MARION	
STREET ADDRESS	4948 SEVILLE COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FENTON, RAYMOND F	
STREET ADDRESS	PO BOX 275 N/A	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Louise Shelton	
1.3 STREET ADDRESS	2727 Winkler Ave	
1.4 CITY-ST-ZIP	Ft. Myers FL 33901	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bob Austin	
2.3 STREET ADDRESS	17404 Homewood Rd	
2.4 CITY-ST-ZIP	Ft Myers FL 33912	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Mazurkiewicz	
3.3 STREET ADDRESS	3206 SW 7th Pl	
3.4 CITY-ST-ZIP	Cape Coral FL 33914	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bob Austin* 4-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)