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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G19570 1. Corporation Name

HELM ENTERPRISES, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90216 002 ***150.00



								88 1 00 8 8 10 (
Principal Place	of Business	Mailing Address				199711 11912 1913 1917 1997 1997			
LOT 7 SAN MARCO DR (33036) P.O. BOX 1414						1			
P.O. BOX 1414 ISLAMORADA FL 33036						DO NOT WRITE IN THIS SPACE			
ISLAMORADA FL 33036 US							IU OFACE		
	•					3. Date Incorporated or Qualifed 01/20/1983			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ш	Applied For	
21		26				59-2250323		Not Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	Add	ed to Fees	
Zip	Country Zip		Cou	Country		8. This corporation owes the current year		_	
24	25	29	30			Personal Property Tax.	[_] Yes	□No	
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Register	d Agent		
25.	NO WALTER IT			81	Name			1	
COLLINS, WALTER H. JR.				82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
105 W. PLAZA GRANADA				-	Ollockina				
[ISLA	MORADA FL 33036			83					
				84	City		, (85 Z	ip Code	
					•	F			
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the a authorized orida State	bove d by t utes.	-named co the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	or changing pointment as	registered registered	
SIGNATURE	Signature, typed or printed name of registered age	NOT	E: Bosistarad	l Agent	l eignatura ragu	ired when reinstating) DATE			
12.		ND DIRECTORS	13.	- Again	t signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	PT	☐ DELETE	1.1 Ti	TLE	P	7	Chan		
NAME	COLLINS, WALTER H. JR.		1.2 N	AME	10	Collins, Walter H., Jr.			
	16 SAN MARCO DR.				ADDOESS (OI MASTIC ST, PO BOX 141	4		
STREET ADDRESS	ISLAMORADA FL			TY-ST		SLAMORADI FL 33036	•		
CITY-ST-ZIP	IOLAMOTADA I L				-215 1	JUSTINION AFDA V U JJUJUJU			
TITLE		□ DELETE	_				[7] Char	ge Addition	
l		☐ DELETE	2.1 Tr	TLE	l		☐ Chan	ge Addition	
NAME		☐ DELETE	2.1 Tr 2.2 N	TLE AME			☐ Chan	ge	
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STREET ADDRESS CITY-ST-ZIP			2.1 Tr 22 N 2.3 S 2.4 C	TLE AME TREET CITY-S	.l.			• • •	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 Tr 22 N 2.3 S 2.4 C 3.1 Tr	TLE AME TREET CITY-S' TLE	.l.		☐ Chan	• • •	
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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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP