

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G70528 (6)
1. Corporation Name
HELENE'S, INC.

Principal Place of Business

13383 US 19
CLEARWATER FL 34624
US

Mailing Address

13383 US 19
CLEARWATER FL 34624
US

2. Principal Place of Business

21 3665 E. Bay Dr.

Suite, Apt., #, etc.

22 Suite 204-144

City & State

23 Largo, FL

Zip

24 33771 Country

25 Pinellas

2a. Mailing Address

26 3665 E. Bay Dr.

Suite, Apt., #, etc.

27 Suite 204-144

City & State

28 Largo, FL

Zip

29 33771 Country

30 Pinellas

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G. ATTORNEY
400 INDIAN ROCKS RD, SUITE C
BELLEAIR BLUFF FL 34640

REINSTATEMENT

3. Date Incorporated or Qualified

11/17/1983

3a. Date of Last Report

08/19/1996

4. FEI Number

59-2428278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Karen Mancuso

82 Street Address (P.O. Box Number is Not Acceptable)

3665 E. Bay Drive

Suite 204-144

84 City

Largo

85 State

FL

86 Zip Code

33771

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: Karen Mancuso PVTs Karen Mancuso 3-10-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MANCUSO, KAREN (SD)

STREET ADDRESS 2188 EGRET DR.

CITY-ST-ZIP CLEARWATER FL

TITLE VS ☒ DELETE

NAME MANCUSO, MARILEE

STREET ADDRESS 2188 EGRET DR.

CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTs

1.2 NAME Karen Mancuso (SD)

1.3 STREET ADDRESS 3665 E. Bay Dr. - Suite 204-144

1.4 CITY-ST-ZIP Largo, FL 33771

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do 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.

SIGNATURE: Karen Mancuso PVTs Karen Mancuso 3-11-98 813-736-4234

FILED

98 MAR 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)