

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

002696

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90148 031 ***150.00

DOCUMENT # H74679

1. Corporation Name

HELLER KIL ASSOCIATES, INC.



Principal Place of Business

C/O PHILLIP HELLER
123 GREEN HERON CT.
DAYTONA BEACH FL 32119

Mailing Address

C/O PHILLIP HELLER
123 GREEN HERON CT.
DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1985

4. FEI Number

59-2620526

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2060 S. HALIFAX DR**

2a. Mailing Address

26 **2060 S. HALIFAX DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **DAYTONA Beach, FL**

Zip

Country **USA**

24 **32118**

25 **FLORIDA**

27 City & State

28 **DAYTONA Beach, FL**

Zip

Country **USA**

29 **32118**

30 **FLORIDA**

9. Name and Address of Current Registered Agent

HELLER, PHILLIP
C/O PHILLIP HELLER
DAYTONA BEACH FL 32019

10. Name and Address of New Registered Agent

81 Name

PHILLIP HELLER

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

2060 S. HALIFAX DR.

83

84 City

DAYTONA Beach

85 State

FL

Zip Code

32118

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **HELLER, PHILLIP**

STREET ADDRESS **C/O PHILLIP HELLER**

CITY-ST-ZIP **DAYTONA BEACH 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **Phillip Heller** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

904-761-5100

Daytime Phone #

CR2E034 (11/98)