

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H92474** (6)  
1. Corporation Name  
**HELIPLEX SERVICES, INC.**

Principal Place of Business <b>9589 BENFORD ROAD P.O. BOX 621148 ORLANDO FL 32827-5321</b>	Mailing Address <b>9589 BENFORD ROAD P.O. BOX 621148 ORLANDO FL 32827-5321</b>
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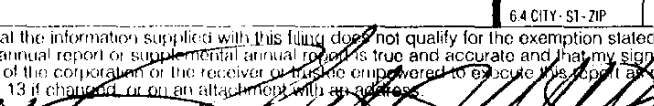


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1600 HANGAR Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>SANFORD FL</b> Zip 24 <b>32773</b>		2a. Mailing Address 26 <b>Box 951899</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE MARY FL</b> Zip 29 <b>32795</b>		3. Date Incorporated or Qualified <b>12/30/1985</b>	
25 <b>SEMANOLE</b>		30 <b>SEMANOLE</b>		4. FEI Number <b>59-2544627</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>SCOTT JOHNSON MAGUIRE, VOORHIS &amp; WELLS 2 SOUTH ORANGE AVE ORLANDO FL 32802</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD UTTAL, ROBERT R. 1757 S ATLANTIC BLVD NEW SMYRNA BEACH FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MOORE, T. J. 1180 SPRING CENTRE S BL ALTAMONTE SPRGS FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S UTTAL, TODD T 3720 LANDTREE PLACE ORLANDO FL</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UTTAL, MURIEL K. 1757 S. ATLANTIC BLVD NEW SMYRNA BCH. FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  DATE: **May 14-98**

CR2E034 (10/97)