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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02 1998 8:00am Secretary of State

	K. HELMAN, INC.	/2 (c	•			III iii i) iibii sibii sibii sibii	
Principal Place of	Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·	I BB 16411 881 44811 81911 10810 11	181 8181) QIQII QIBII 81811 81811 I	
% BONNIE K. HE	LMAN	% Bonnie K. H	ELMAN				
5100 SW 77TH S		5100 SW 77TH 5				- n	
MIAMI FL 33143		MIAMI FL 33143				E IN THIS SPACE	
					3. Date Incorporated or Qualified 01/08/1988		
2. Principal Place	a of Business	2a. Mailing Addre	288		4. FEI Number	I JAnn	lied For
21	g Or Eldanious	26	200		65-0021799		Applicable
Suite, Apt. #, e	atc.	Suite, Apt. #,	etc.			¢0.75 .	
22		27			Certificate of Status Desired	Fee Req	
City & State		City & State			6. Election Campaign Financing	\$5.00 N	lay Be
23		28			Trust Fund Contribution	☐ Added to	
Zip	Country	Zip	L, c	ountry	8. This corporation owes or has pa		-
24	25	[29]	30	.,	Personal Property Tax due June		No
	Name and Address of Cur	rent Hegistered Agent		81 Name	10. Name and Address of New Re	egistered Agent	
	AN, BONNIE K.			OI Name			
	SW 77TH ST			82 Street Ad	ddress (P.O. Box Number is Not Acceptal	ble)	
MIAMI	FL 33143			83			
				84 City		FL 85 Zip Co	ode
11. Pursuant to th	he provisions of Sections 607.0	0502 and 607,1508. Florid	a Statutes, the	above-named c	orporation submits this statement for the	purpose of changing its	registered
office or regis	stered agent, or both, in the St	ate of Florida, Such chang	e was authoria	zed by the corpo	ration's board of directors. I hereby acce	pt the appointment as re	gistered
ayon, raning	annica with and accept the or						
CICALATURE			Java, Florida S	tatotes.			
SIGNATURE Sign	valure, typed or printed name of registered				quired when reinstating)	DATE	
Sign	OFFICERS :	agent and title if applicable AND DIRECTORS	(NOTE Registe	ared Agent signature re		DATE CERS AND DIRECTORS	IN 12
12.	OFFICERS :	agent and title if applicable	(NOTE: Registe	ared Agent signature re	quired when reinstating)	DATE CERS AND DIRECTORS	
12. TITLE NAME	Officers : PD HELMAN, BONNIE K.	agent and title if applicable AND DIRECTORS	(NOTE Registe	ered Agent signature re	quired when reinstating)	DATE CERS AND DIRECTORS	IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS: PD HELMAN, BONNIE K. 5100 SW 77TH ST	agent and title if applicable AND DIRECTORS	(NOTE Registe 13 LETE 1.1	ared Agent signature re 3. 117LE	quired when reinstating)	DATE CERS AND DIRECTORS	IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officers : PD HELMAN, BONNIE K.	agent and title if applicable AND DIRECTORS DEI	(NOTE Register 1.1 1.2 1.3 1.4	arec Agent signature re 3. TITLE NAME STREET ADDRESS LCITY-ST-ZIP	quired when reinstating)	DATE CERS AND DIRECTORS Change	IN 12
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r nereby certify trial the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(j). Florida Statutes. I further certify that the informatio indicated on this annual report or surplemental 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 in the receiver or trustice 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 on an attachment with an address.