

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K49484** (4)
1. Corporation Name
UNLIMITED HELP, INC.

Principal Office of Corporation: **% DIANE R. VERDI
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463**
Mailing Address: **% DIANE R. VERDI
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463**

2. Principal Office of Corporation: **21**
Mailing Address: **26**
3. Date this corporation was organized: **12/06/1988**
4. FIC Number: **65-0125114**
5. Certificate of Status Desired: **5**
6. Election Campaign Financing: **6**
7. Does corporation have authority to interpret for under 501(c)(3) or 501(c)(29) of the Internal Revenue Code? **Yes**
8. Does corporation have authority to interpret for under 501(c)(3) or 501(c)(29) of the Internal Revenue Code? **Yes**

9a. Date of Last Report: **02/14/1994**
Applied For: **None**
Additional Fee Required: **\$8.75**
May Be Added to Fees: **\$5.00**

9. Name and Address of Current Registered Agent: **VERDI, DIANE R.
5888 TRIPHAMMER ROAD
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent: **81**
Street Address: **82**
City: **83**
State: **84**

11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the corporation as of the date of filing of this report, and that the same are true and correct to the best of my knowledge and belief.

SUBSCRIPTION: **12**

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:
NAME: PD VERDI, DIANE R.	NAME: PD VERDI, DIANE R.
ADDRESS: 5888 TRIPHAMMER RD	ADDRESS: 5888 TRIPHAMMER RD
CITY: LAKE WORTH FL	CITY: LAKE WORTH FL
STATE: FL	STATE: FL
ZIP: 33463	ZIP: 33463
DATE: 02/14/1994	DATE: 02/14/1994
SIGNATURE: X Diane R. Verdi	SIGNATURE: X Diane R. Verdi
WITNESS: 5/15/95	WITNESS: 5/15/95
NOTARY: 641-1042	NOTARY: 641-1042

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances of the corporation as of the date of filing of this report, and that the same are true and correct to the best of my knowledge and belief.

SIGNATURE: **X Diane R. Verdi**

5/15/95 (407) 641-1042

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CORPORATION
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 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Executive Director
Tallahassee, FL 32399-0001

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AND
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11:10:15

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K49710** (2)
1. *Individual's Return*
COLLADO & ASSOCIATES, TAX ACCOUNTANTS, P.A.

$$f_2(t) = f_1(t) + \frac{f_1(t) - f_1^*(t)}{2} = \frac{f_1(t) + f_1^*(t)}{2} = f_1^*(t).$$

Domestic Address	Foreign Address
550 N.W. LE LEUNE ROAD SUITE 205 MIAMI FL 33126-5671 US	550 N.W. LE LEUNE ROAD 205 MIAMI FL 33126-5671 US

3. Date of completion of audit	3a. Date of last request
12/01/1988	05/01/1994

2. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	2a. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	4. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	Applicant Fee [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]
[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	65-0083215	Not Applicable
[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	5. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	\$8.75 Additional Fee Required
[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	6. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	\$5.00 May Be Added to Fees
[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	8. [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]	[20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30]

9. Name and Address of Current Registered Agent

COLLADO, ORLANDO
550 N.W. LEJEUNE RD.
SUITE 205
MIAMI FL 33126

10. Name and Address of New Registered Agent

81	Quota	
82	Student Address: First Name Last Name Last Address	
83		
84	FL	85

11. *For each of the following, give a brief explanation of the answer. These questions address the differentiating aspects of the program, and the points are assigned as indicated in the table below.*

1000

[illegible]

NAME	ADDRESS	CITY	STATE	ZIP
P	COLLADO, ORLANDO			
	1089 SW 131 PL CT			
	MIAMI FL			

14. The authors are indebted to the referees for their valuable comments and suggestions. The authors also thank the Department of Science and Technology, Government of India, for the financial support. The authors are also grateful to the Department of Science and Technology, Government of India, for the financial support. The authors are also grateful to the Department of Science and Technology, Government of India, for the financial support.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/12/95

(305) 443 - 3056