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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K52115**

(8)

HELSETH REALTY, INC.

Principal Place of Business Mailing Address C/O HAROLD S. HELSETH C/O HAROLD S. H 7805 IMMOKOLEE RD 7805 IMMOKOLEE FORT PIERCE FL 34951 FORT PIERCE FL 3						
					3. Date Incorporated or Qualified 12/16/1988	3a. Date of Last Report 01/30/1996
2. Pancipal F 21	lace of Business	2a. Mailing Address			4. FEI Number 65-0101394	Applied For Not Applicable
Suite Apt. # etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Orty & Sta 23	te	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	<b>28</b>	Countr	у	8. This corporation has liability for	intangible tax under s. 199.032,
24	25  9. Name and Address of Curre	29	30			Yes No
UC!	LSETH, HAROLD S.	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
	5 IMMOKOLEE RD			INATHE		ļ
	RT PIERCE FL 34951		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
FUI	TI FIENCE PL 34831		83			
}			0.5	<u>'</u>		
1			84	City		FL 85 Zip Code
office or	registered agent, or both, in the State	e of Florida. Such change wa	s authorized b	y the corporat	oration submits this statement for the plants board of directors. I hereby acce	ourpose of changing its registered
agent La	ami tamiliar with, and accept the oblig	ations of, Section 607.0505,	Florida Statute	OS.		_
SIGNATURE	Étyrakan , Njiest re person oas e jihn ly stered ag	and result title of the extremely	OTL : Size stored As	ant simpat us read in	red when reinstating)	DATE
12.		ID DIRECTORS	13.	Jent signature requir	ADDITIONS/CHANGES TO OFFIC	
Till E	D	DELETE	1.1 TITLE		7.551175115751114755575	Change Addition
NAMI	HELSETH, HAROLD S.		1.2 NAME			
STREET ADDRESS	7805 IMMOKOLEE RD		I I	T ADDRESS		1
CCY-SI-74	FT. PIERCE FL		B C			
Hitt	D	DELETE	1.4 CITY- 2.1 TITLE	31-ZIF		☐ Change ☐ Addition
NAME	HELSETH, BRIAN A.	bus	2.2 NAME			- Visings Visings
STREET ADDRESS	17580 HAMMOCK LANE			T ADDRESS		
CCY-SL-ZP	FT. PIERCE FL		2.4 CITY		e ex	
100	D	DELÉTE	3.1 TITLE	31-211		Change Addition
NAME	HELSETH, CRAIG S.	hand work to	3.2 NAME			Last Strange Last Note (1991)
STREET ADDRESS	18602 MACH ONE DRIVE			T ADDRESS		
CHY S1-Zir	FT. PIERCE FL		3.4 CITY-			
bitt		DELETE	4.1 THTLE	-01-20	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	4. 2 NAMI	:		
STREET LADORESS				T ADDRESS		
CHY ST ZP			4.3 SINES			
D1.F		DELETE	5.1 TITLE	31.72fF		Change Addition
NAME			5.2 NAME			and comings
STREET ADDRESS	İ			T ADDRESS		
1	<b>1</b>					
CITY - ST - ZIP TITLE		DELETE	5.4 CHTY - 6.1 TITLE	51- CF		☐ Change ☐ Addition
NAME		L. Vecele	6.2 NAME			
STREET AUDIEUS				T ADDRESS		
CITY - ST - ZIP			6.4 CITY-			
production zer	1		■ 0.9 UHY-	OI. TIL		

14. I do hereby couldy 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 included the included 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 561-461-5805

**FILED** 

Mar 05 1997 8:00am

Secretary of State