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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M33005

(3)

HELLENDER ENTERPRISES, INC.

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Apr 01	1998	8:00am
Secre	tary o	f State

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Principal Place of Business Mailing Address					ON DIGIL DIEN		H BIBII HBBI				
		-									
6221 OLD COURT RD.208 6221 OLD COURT RD.2   BOCA RATON FL 33433 BOCA RATON FL 33433			ı			•					
								DO NOT WRIT		SPACE	
								3. Date Incorporated or Qualified	i		
								06/03/1986			
2. Principal Pi	lace of Business	2a. Mailin	ng Address					4. FEI Number			oplied For
21		26				59-2679544		<del></del>	ot Applicable		
Suite, Apt	₩, etc.		. Apt. #, etc.				1	5. Certificate of Status Desired			Additional
22		27								Fee R	equired
City & State		<u> </u>	City & State			6. Election Campaign Financing	_		May Be		
23		[28]	· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution	L	-	to Fees
Zip	Country	Zip	}	$\overline{}$	untry	٠ .		<ol><li>This corporation owes or has p</li></ol>			
24	[25]	[29]		30	7			Personal Property Tax due Jur 10. Name and Address of New F		-	_ No
	9. Name and Address of Cu	Lieur Hedistelen 1	Agent		81	Nar		10. Name and Address of New F	edista an	Rgent	
	llender Linda				1"	1961	He				
	21 OLD COURT ROAD #208				82	Str€	eet Addres	ss (P.O. Box Number is Not Accept	able)		
BO	CA RATON FL 33433										
					83						
					84	City	v	······································		85 Zip	Code
						*			<u> </u>	.     '	I
11. Pursuant	to the provisions of Sections 607	0502 and 607.150	8 Florida Statute	s, the a	bove	-nam	ned corpor	ration submits this statement for the n's board of directors. I hereby acc	purpose of	changing i	ts registered
agent. I a	m familiar with, and accept the o	bligations of, Secti	ion 607.0505, Flor	rida Sta	tutes	, tire t S.	COIPOIALIOI	its board of directors. Thereby acc	chi ina aht	Ontinoni as	riegisiered
SIGNATURE											
	Signature, typed or printed name of registere			Registere	d Age	nt sign	ature required	when reinstating)	DATE		
12.		AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	ST		☐ DELETE	1.1 T	ITLE					Change	Addition
HAME	HELLENDER, LINDA			1.2 N	IAME						
STREET ADDRESS	6221 OLD COURT RD.208	<b>;</b>		1.3 \$	TREET	ADDRE	ESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 0	HTY-S	T-ZIP					
TITLE	P		☐ DELETE	2.1 T	ITLE					Change	☐ Addition
NAME	HELLENDER, MARK T.			2.2 N	IAME			÷			į
STREET ADDRESS	6221 OLD COURT ROAD	#208		2.3 \$	TREET	ADDRE	ESS				1
CITY-ST-ZIP	BOCA RATON FL			2.40	CITY-S	ST-ZIP					1
TITLE			DELETE	3.1 T	ITLE			·		Change	Addition
NAME				3.2 N	IAME						
STREET ADDRESS				3.3 5	TREET	ADDRE	ess				
CITY-ST-ZIP				3.4. (	CITY-S	ST - ZIP					. [
TITLE			DELETE	4.1 T						Change	☐ Addition
NAME				4.21	NAME		1				
STREET ADDRESS						ADDRE	ess				
CITY - ST - ZIP				1 1	ITY~S						
TITLE			DELETE	5.1 [		11.511	<del></del>			Change	Addition
NAME				5.2 N			1				
STREET ADDRESS				1		ADDRE	222				
CITY-ST-ZIP TITLE	·····		DELETE	5.4 C	ITY-S	ı - ZIP	-			Change	Addition
1			CJ VELLIE							T Aller Ale	المسامة الم
NAME				6.2 N							
STREET ADDRESS						ADDRE	:SS				į
CITY-ST-ZIP	noutific that the information a	and accided where Marking and	one not a vette de		ITY-\$		talor !- C	ection 119 07/3\(i) Florida Statutes	1 Gustan -	المعاملة والأراث	information

Interest certify that the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1), 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 arm 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.