

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

**APPROVED
AND
FILED**

95 APR 24 AM 7:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P39894 (1)

1. Corporation Name
HELIOS RESEARCH CORP.

Principal Place of Business Mailing Address

**38 DAKIN ST.
P.O. BOX 307
MUMFORD NY 14511**

**38 DAKIN ST.
P.O. BOX 307
MUMFORD NY 14511**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/27/1992 **06/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

4. FEI Number Applied For

16-1154052 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**NICODEMUS, CARL
6 OCEAN RESIDENCE COURT
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
261 OCEAN RESIDENCE COURT

83

84 City **FL** 85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMUS, CARL	1.2 NAME	
STREET ADDRESS	6 OCEAN RESIDENCE CT.	1.3 STREET ADDRESS	261 OCEAN RESIDENCE COURT
CITY - ST - ZIP	SATELLITE BEACH FL 32937	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNY, WILLIAM A.	2.2 NAME	
STREET ADDRESS	1385 HIGHLAND AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14620	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKNER, GERT E.	3.2 NAME	
STREET ADDRESS	42 GENESEE VALLEY RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSFORD NY	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMUS, BLAKE T.	4.2 NAME	
STREET ADDRESS	117 S. MAIN ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PERRY NY 14530	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICODEMUS, A. LEE	5.2 NAME	
STREET ADDRESS	6 OCEAN RESIDENCE CT.	5.3 STREET ADDRESS	261 OCEAN RESIDENCE COURT
CITY - ST - ZIP	SATELLITE BEACH FL 32937	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNY, WILLIAM A.	6.2 NAME	
STREET ADDRESS	1385 HIGHLAND AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER NY 14620	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Jenny 4/19/95 716 598 6825

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date My/Her Phone #