

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39894** (1)
1. Corporation Name
HELIOS RESEARCH CORP.



Principal Place of Business: **38 DAKIN ST. P.O. BOX 307 MUMFORD NY 14511**
Mailing Address: **38 DAKIN ST. P.O. BOX 307 MUMFORD NY 14511**

3. Date Incorporated or Qualified: **07/27/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **16-1154052**
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

2. Principal Place of Business
21 [] 22 [] 23 [] 24 []
2a. Mailing Address
26 [] 27 [] 28 [] 29 []
25 [] 30 []

9. Name and Address of Current Registered Agent
**NICODEMUS, CARL
261 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)
83 []
84 City
85 Zip Code: **FL**

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 re-instating)

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NICODEMUS, CARL	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	1385 HIGHLAND AVE.	
CITY-ST-ZIP	ROCHESTER NY 14620	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALKNER, GERT E.	
STREET ADDRESS	42 GENESEE VALLEY RD.	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NICODEMUS, BLAKE T.	
STREET ADDRESS	117 S. MAIN ST.	
CITY-ST-ZIP	PERRY NY 14530	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NICODEMUS, A. LEE	
STREET ADDRESS	261 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	1385 HIGHLAND AVE.	
CITY-ST-ZIP	ROCHESTER NY 14620	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 607, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **WILLIAM A. JENNY**
Date: **4/30/96**
Office Phone #: **716 538 6825**

CR2E034 (12/95)