

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 14511-0307
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3. Date Incorporated or Qualified 07/27/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 16-1154052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**NICODEMUS, CARL
281 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 **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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NICODEMUS, CARL	
STREET ADDRESS	281 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	1895 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	281 OCEAN RESIDENCE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JENNY, WILLIAM A.	
STREET ADDRESS	1895 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	51 CALLINGHAM RD.
2.4 CITY-ST-ZIP	PITTSFORD, NY 14534
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	51 CALLINGHAM RD.
6.4 CITY-ST-ZIP	PITTSFORD NY 14534

14. I do hereby certify 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 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: _____ **4/9/97 716 538 6825**

CR2E034 (9/96)