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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

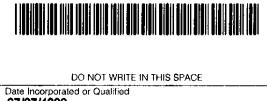
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39894

HÉLIOS RESEARCH CORP.

(1)

## **FILED** May 11 1998 8:00am Secretary of State



•	ce of Business	Mailing Address					
38 DAKIN ST. 38 DAKIN ST.							
P.O. BOX 307 MUMFORD NY 14511		P.O. BOX 307 MUMFORD NY 14511			DO NOT WRITE IN THIS SPACE		
		mumi vily III IIVII			3. Date Incorporated or Qualified		
					07/27/1992		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21 26		26			16-1154052 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired S8.75 Additional		
22		27			Fee Required		
	City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23		28	1 .		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intangible		
24	25]	29	30		Personal Property Tax due June 30.  Yes No		
A list	Name and Address of Curre CODEANIC CADI	in negisierea Agent	8	I Name	10. Name and Address of New Registered Agent		
	CODEMUS, CARL		"	1401118			
261 OCEAN RESIDENCE COURT SATELLITE BEACH FL 32937			8:	Stree	eet Address (P.O. Box Number is Not Acceptable)		
QP.	HELLITE BEAUTI PL 32937		8:				
			*				
			8	City	85 Zip Code		
44 10	1.00	20. 1002 (100 [1 11 0]			FL   65   2.17 code   10   10   10   10   10   10   10   1		
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Statuti	OS.	corporation's hoard of directors. I hereby accept the appointment as registered		
12.	Signature, typed or printed bases of registered as	ortand Ide if applicable (NO ID DIRECTORS	11 Registered A	gent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	I DCP	DELETE	1.1 Trīle		DIRECTOR AND VICE PRESIDENT Change Addition		
NAME	NICODEMUS, CARL		1.2 NAME		NICODEMUS, BLAKE T.		
STREET ADDRESS	261 OCEAN RESIDENCE CO	URT	- 1	T ADORESS	\( \tilde{\chi} \) \( \tilde{\chi} \) = \( \chi \) = \( \chi \)		
CITY-ST-ZIP	SATELLITE BEACH FL				SPENCERPORT NY 14559		
TITLE	D	DELETE	1.4 C(TY- 2 1 TITLE	51-ZIP	DIRECTOR Change Addition		
NAME	JENNY, WILLIAM A.	(3)	2.2 NAME		NICODEMUS, MARK		
STREET ADDRESS	51 CALLINGHAM RD			1 ADDRESS	- 「 ・ ・ ・ ・ ・ ・ ・ ・ くずのかなず ・		
CITY-ST-ZIP	PITTSFORD NY				LEROY NY 14482		
TITLE	D	DELETE	2. 4 CITY 3.1 TITLE	31-715	Change Addition		
NAME	FALKNER, GERT E.	2 020270	3.7 NAME		Counge C Found		
STREET ADDRESS	42 GENESEE VALLEY RD.			t address	ee		
CITY-ST-ZIP	PITTSFORD NY		3.3 STHER		JJ		
TITLE	VP	DELETE	4 1 TIBLE	31.7IF	Change Addition		
NAME	NICODEMUS, BLAKE T.		4. 2 NAM		Change and Modified		
STREET ADDRESS	117 S. MAIN ST.				ec		
CITY-ST-ZIP	PERRY NY 14530			T ADDRESS	33		
TITLE	8	DELETE	4.4 DITY -	31- <i>E</i> IP	Change Addition		
NAME	NICODEMUS, A. LEE	t percit			Change Mountain		
	261 OCEAN RESIDENCE CO	LIRT	5.2 NAME				
STREET ADDRESS	SATELLITE BEACH FL	writ		T ADDRESS	58		
CITY-ST-ZIP	VP VP	DELETE	5.4 CITY -	S1-ZIP	D Observa D Laure		
TITLE	JENNY, WILLIAM A.	ר] הנונונ	6.1 TITLE		☐ Change ☐ Addition		
NAME	51 CALLINGHAM RD		6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS	SS		
	PRITSFORD NY						

14. I 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 armual 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.