

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/27/1992	
4. FEI Number 16-1154052	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	51 CALLINGHAM RD	
CITY-ST-ZIP	PITTSFORD NY	
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	51 CALLINGHAM RD	
CITY-ST-ZIP	PITTSFORD NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR AND VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICODEMUS, BLAKE T.	
1.3 STREET ADDRESS	6 WIDGER RD.	
1.4 CITY-ST-ZIP	SPENNERPORT NY 14559	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NICODEMUS, MARK	
2.3 STREET ADDRESS	57 WOLCOTT STREET	
2.4 CITY-ST-ZIP	LEROY NY 14482	
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 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 _____

CR2E034 (10/97)