

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 16-1154052	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	SPENGLERPORT 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 *[Signature]* DATE *4/22/98*

CR2E034 (10/97)