


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90110 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39894

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		3. Date incorporated or Qualified 07/27/1992	4. FEI Number 16-1154052	Applied For Not Applicable
21	22	23	24	25	26	27
Suite, Apt. #, etc.	City & State	Zip	Country	Suite, Apt. #, etc.	City & State	Zip
28	29	30	31	32	33	34
5. Certificate of Status Desired <input type="checkbox"/>	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NICODEMUS, CARL		1.2 NAME	NICODEMUS, MARK			
STREET ADDRESS	261 OCEAN RESIDENCE COURT		1.3 STREET ADDRESS	57 WOLCOTT STREET			
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-ST-ZIP	LEROY NY 14452			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JENNY, WILLIAM A.		2.2 NAME				
STREET ADDRESS	51 CALLINGHAM RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSFORD NY		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FALKNER, GERT E.		3.2 NAME				
STREET ADDRESS	42 GENESEE VALLEY RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSFORD NY		3.4 CITY-ST-ZIP				
TITLE	DVP	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NICODEMUS, BLAKE T.		4.2 NAME				
STREET ADDRESS	6 WIDGER ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	SPENCERPORT NY 14559		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NICODEMUS, A. LEE		5.2 NAME				
STREET ADDRESS	261 OCEAN RESIDENCE COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JENNY, WILLIAM A.		6.2 NAME				
STREET ADDRESS	51 CALLINGHAM RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	PITTSFORD NY		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 with all other like empowered.

SIGNATURE: William A. Jenny Date: 4/14/99 Telephone # 716 538 6825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)