SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049997 (8)

1. Corporation Name
HELIX INTERNATIONAL GROUP, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
~~2967 ATLANTIC AVE~~ STE 1603 DAYTONA BCH SHORES ~~FL 32118~~	2967 ATLANTIC AVE STE 1603 DAYTONA BCH SHORES FL 32118

2. Principal Place of Business: 1003 Smokerise Blvd
Suite, Apt. #, etc.:
City & State: Port Orange, FL
Zip: 32127 Country: USA

2a. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 07/26/1996
4. FEI Number: 59-3238375 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~FINKBINER, FRANK~~
~~105 E ROBINSON STREET~~
~~SUITE 515~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent
Name: Evelyn B. Lantz
Street Address (P.O. Box Number is Not Acceptable): 103 Smokerise Blvd.
City: Port Orange FL Zip Code: 32127

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.

Evelyn B. Lantz (signature) — Evelyn B. Lantz
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating) — Evelyn B. Lantz (signature)
DATE: 10-1-97

12. OFFICERS AND DIRECTORS

TITLE	D — ☒ DELETE Address
NAME	LANTZ, EVELYN B
STREET ADDRESS	~~3967 S ATLANTIC AVE, STE 1603~~
CITY-ST-ZIP	~~DAYTONA BCH SHORES FL 32118~~
TITLE	☐ DELETE
NAME	Lantz, Evelyn B.
STREET ADDRESS	1003 Smokerise Blvd.
CITY-ST-ZIP	Port Orange, FL. 32127
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	500002378035--1
1.4 CITY-ST-ZIP	-12/19/97--01087--006
2.1 TITLE	****750.00 ****750.00 ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	DB 12-15-97
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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.