

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000065217 (0)

1. Corporation Name  
HELENDREX INC.



Principal Place of Business

11651 ROYAL PALM BLVD.  
SUITE 102  
CORAL SPRINGS FL 33065

Mailing Address

11651 ROYAL PALM BLVD.  
SUITE 102  
CORAL SPRINGS FL 33065

changed!

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1408 S.W. 13th Court

27 Pompano beach, FL

28 29 30 Zip Country

33069 USA

|                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                  |
| 09/20/1993                                                                              | 06/22/1995                                               |
| 4. FLS Number                                                                           | Applied For                                              |
| 65-0435511                                                                              | Not Applicable                                           |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>                                                                |                                                          |
| 6. Election Campaign Financing                                                          | \$5.00 May Be Added to Fees                              |
| Trust Fund Contribution                                                                 |                                                          |
| <input type="checkbox"/>                                                                |                                                          |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

NAGY, ENDRENE  
11651 ROYAL PALM BLVD.  
SUITE 102  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature, type name, address, city, state, zip, and date. (If the agent is a corporation, type the name of the corporation, its address, city, state, zip, and date.)

12. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | P                                | <input type="checkbox"/> DELETE |
| NAME           | NAGY, ENDRE                      |                                 |
| STREET ADDRESS | 11651 ROYAL PALM BLVD., STE. 102 |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS FL 33065           |                                 |
| TITLE          | VS                               | <input type="checkbox"/> DELETE |
| NAME           | NAGY, ENDRENE                    |                                 |
| STREET ADDRESS | 11651 ROYAL PALM BLVD., STE. 102 |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS FL 33065           |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-STATE-ZIP |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 2. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-STATE-ZIP |                                                                   |
| 3. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-STATE-ZIP |                                                                   |
| 4. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-STATE-ZIP |                                                                   |
| 5. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-STATE-ZIP |                                                                   |
| 6. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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: *Endre Nagy* - Endre Nagy 3/15/96 (954) 941-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)