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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000085832 (2)

1. Corporation Name

A HELPING HAND WITH EMENAR SERVERS, INC.



Principal Place of Business

9188 GETTYSBURG RD.
BOCA RATON FL 33434

Mailing Address

9188 GETTYSBURG RD.
BOCA RATON FL 33434-5525

2. Principal Place of Business

21 9045 Saddlecreek Dr

2a. Mailing Address

26 9045 Saddlecreek Dr

Suite, Apt. #, etc.

22 Boca Raton, FL

Suite, Apt. #, etc.

27 Boca Raton, FL

City & State

23 33

City & State

24 Zip 33496

Country

25

29 Zip 33496

Country

30

9. Name and Address of Current Registered Agent

HERFIELD, ROBIN
9719 TRITON CT.
BOCA RATON FL 33434

(Just Address)

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

08/02/1996

4. FEI Number

65-0449901

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

HERFIELD, ROBIN

82 Street Address (P.O. Box Number is Not Acceptable)

12439 Rockledge Circle

83 Boca Raton, FL 33428

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME HAAS, MINDY
STREET ADDRESS 9188 GETTYSBURG RD
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE CP
NAME HERFIELD, ROBIN
STREET ADDRESS 12439 ROCKLEDGE CIRCLE
CITY-ST-ZIP BOCA RATON FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS 9045 Saddlecreek Dr.

1.4 CITY-ST-ZIP Boca Raton, FL 33496

2.1 TITLE 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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0319420

CR2E034 (9/96)