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

PRÓFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF COPPORATIONS

DOCUMENT #	P94000070332	(9)

HELSIEG ENTERPRISES, INC.

	:				
Principal Place	of Business	Mailing Address	**************************************		i odnit danit iškin dánkk líhdž tinið 3187 tabí
1285 PARVI SANIBEL FI		1285 PARVIEW DRIVI SANIBEL FL 33919	Ē		
				 Date Incorporated or Qualified 09/23/1994 	3a. Date of Last Report 07/11/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0521246	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Market and the second s		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Oity & State	•	City & State	-4)	6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28) Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes Yes	°
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	larkus, HELE	a 1
	US, HELEN		82 Street Addr	ess (P.O. Box Number is Not Acceptable	(e)
	'ARVIEW DRIVE EL FL 33919		83 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	285 for Yiew) 4R ,
OANIDI	#C LE 20919				
			84 City	nihel	FI 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	les, the above-named corpor	ration submits this statement for the purp	pose of changing its registered office
or register	rectement or both in the State of His	rida. Such change was authori: ction 607.0505, Florida Statute:	zad hy tha comoration e bosi	rd of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE	Idelen Mar	A PRES. V			23/96
12.	Signature, typed or printed name of registered ago	ि and Me applicable (NR ND DIRECTORS	OTE: Registered Agent signature requires 13.		DATE CEDO AND DESCRIPTION OF THE CONTROL OF THE CON
*:T: F -	T	C) DOLCTE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 1
NAME DP	Helen Wark	Cus".	1.2 NAME	7	□ Culturide
STREET ADDRESS	1285 POR VIEW	DR.	1.3 STREET ADDRESS		
CITY-S1-ZiP	Sanibel, FL.		1.4 CITY- ST-ZIP		
THILE		DELETE	2 1 TITLE		Charige Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	24 CHY-ST-ZIP 3 1 TELE		Change Addition
NAME		F" torrett	3 2 NAME		Change [] Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CI1Y-ST-7(P			3.4 CITY- S ^y - ZIP		i
TITLE	the production of the second s	[] DELETE	4 1 TIYLE	The same same same and same	Change Addition
NAME			4 2 NAME	10000185 -05/23/96010	おとは、1 87…n27
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	01 021
CITY-ST-7IP		FTI EVELETE	4.4 C/TY+ST+Z/P		57.05
TITLE NAME		DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-SY-ZIP			5.4 CITY - \$1 - 7IP		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		~ ~
STREET ADDRESS			6.3 STREET ADDRESS		57-96

6.3 STREET ADDRESS

6.4 CITY - ST - 7IP 14. I do hereby certify that the information supplied with 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 employered 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 section 13.32.

SIGNATURE:

CITY-ST-ZIP