04-13-1999 90030 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500006018									
· Corporation	HELOR & ASSOCIATES, INC								
0. 20.									
Principal Place	of Rusiness	Mailing Address				<u> </u>	(1110 B) 1015		
•		•							
4581 DISCOVERY LANE 9333 EASTON VIEW LN 19							00105		
WEST PALM BEACH FL 33417 ROCKFORD IL 61107						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US		US				Qualifeo		-	
Principal Place of Business 2a. Mailing Address					01/24/1995 4. FEI Number		Apr	plied For	
21 9333 EASTON VIEW LN. 26					65-0549254		Not	t Applicable	
Suite, Apt.		Suite, Apt. #, etc	Suite, Apt. #. etc.			esired	•	dditional:	
22		27	<u></u>				Fee Rec		
City & State City & State City & State 28					6. Election Campaign F Trust Fund Contribut	*	\$5.00 h Added to		
Zip ,	Zip	Country	'	8. This corporation owe	8. This corporation owes the current year Intangible				
24 61	107 25 USA	29 36			Personal Property Ta			ØNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registered	Agent		
AME	DIL AVAVED		81	Name					
Amerilawyer 343 Almeria Avenue				Street	Address (P.O. Box Number is No	t Acceptable)			
CORAL GABLES FL 33134			83					_	
			<u> </u>				las Zin C	\	
			84	City		FL	85 Zip C	,ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this stateme	nt for the purpose of	changing its	registered	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the objects	f Florida. Such change was auth مَرْ_\$	orized by a Statutes	tne corp :.	oration's board of directors. I her	эру ассерт те арроп	nanent as reg	Jistereu	
SIGNATURE						3 15			
	Signature, typed or printed name of registereu agent			nt signature i	required when reinstating) ADDITIONS/CHANGE	DATE	ID DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	13.		PRESIDENT	3 TO OIT TOLKS AN	Change	Addition	
NAME	BATCHELOR, JOHN F		1.2 NAME		I KESIDENI			_	
STREET ADDRESS				T ADDRESS	9333 EASTON Y	EW LANE			
CITY-ST-ZIP	W. PALM BEACH FL 33409		_		ROCKFORD IL	61107			
TILE			2.1 TITLE				☐ Change	☐ Addition	
NAME	,		2.2 NAME						
STREET ADDRESS	.235 سي حدد د		,2.3 STREE	TADORESS	10 ± 10 =	ه. سي <u>ت د</u> ه			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			Change	Addition	
TITLE		☐ DELETE	3.1 TITLE				Change	[_] / Iddition	
NAME	,		3.2 NAME	T ADDRESS					
STREET ADDRESS			3.4. CITY-5						
CITY-ST-ZIP			4.1 TITLE	21-2JF			Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<u> </u>			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	i • ZIP	 		☐ Change	Addition	
TITLE	The Total		6.2 NAME						
NAME CONTROL	F F S		ľ	T ADDRESS	ļ				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

KEQUIRED