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

PROFIT CORPORATION ANNUAL REPORT

1998



FUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000006704 (7)

NOHELP, INC.

FILED
Jan 15 1998 8:00am
Secretary of State

Principal Place	of Business	Maib	Mailing Address				- I CODINODI IND ABIDI BAIRI BBAIR DONIN BONIN BONIN BIRIN NORIR BAIRI DIRIN					
250 WEST SAMPLE ROAD NO. B-204 POMPANO BEACH FL 33064		250 WEST SAMPLE ROAD										
		NO. B-204 POMPANO BEACH FL 3		22004	2004			DO NOT WRITE IN THIS SPACE				
- CANLAND DEVOL LE 2004 LE			OMINIO BENOTIFE 33004					3. Date Incorporated or Qualified				
								01/23	/1995			
2. Principal Place of Business			2a. Mailing Address					4, FEI Númb	er			Applied For
21 Sulte, Apt. #	H oto	26	6 Suite, Apt. #, etc.								Vot Applicable	
22	7, BIC.	27	1					5. Certificate	of Status Desired			Additional Required
City & State			City & State				+	s Election C	ampaign Financing			May Be
23		28				ł		Contribution			d to Fees	
Zip	Country	7	ip	Count				8. This corpo	oration owes or has	paid the cur	rent year h	ntangible
24	25	29	····	30	·		<u>l</u>	Personal Property Tax due June 30. 💢 Yes 🔲 No 10. Name and Address of New Registered Agent				☐ No
	9, Name and Address of Curren	Hegister	ed Agent	·	81	Nam		10. Name and	Address of New	Registered	Agent	
	Y no lds, lawrence				aı	INAII	е					
250 WEST SAMPLE ROAD			Ē			Stree	et Address (P.O. Box Number is Not Acceptable)					
	O. B-204 DMPANO BEACH FL 33064				83							
, ,	DMPANU BEAUN PL 33004											
					84	City				FL	85 Zu	Code
office or re agent. I am	o the provisions of Sections 607.0502 gistered agent, or both, in the State of familiar with, and accept the obliga	of Horida.	Such change was:	authorize	d hv	the co	ed corpor orporation	ration submits to n's board of dire	his statement for the ectors. I hereby acc	e purpose of cept the app	changing pintment a	its registered s registered
SIGNATURE 5	Signature typod or printed name of registered ages	i and the Lap	pposable (NQ)	If : Flogistere	d Agei	nt signat	ure requirent	when reinstating)		I)A][
12.	OFFICERS ANI			13.				·· · · · · · · · · · · · · · · · · · ·	/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 T	Tt F					•	☐ Change	Addition
NAME	REYNOLDS, LAWRENCE N			1.2 N	AME							
STREET ADDRESS	250 WEST SAMPLE ROAD,	NO. B-20	14	1.3 S	FRECT.	ADDRES:	5					
CITY-ST-2IP	POMPANO BEACH FL 3306	}			ITY-\$1	- ZiP	- .					
TITLE	V		DELETE	2 1 TI							Change	Addition
NAME	CORBETT, JOANN			22 N								
STREET ADDRESS City-St-Zip	% 250 W. SAMPLE ROAD, N POMPANO BEACH FL 3306		}		IREET A	ADDRESS	·					
TITLE	TOMINIO DESCRITE SSO	<u></u> .	DELFTE	3.1 71		1 · Zir				• •	Change	Addition
NAME				3.2 N/								
STREET ADDRESS				3.3 \$1	REE1	ADDRESS	;					
CITY-ST-ZIP				3 4 C	11 Y - S	1 - ZIP						
TITLE			□ DECETE	4.1 TI	11.5						Change	Addition
NAME				4. 2 N	AME							
STREET ADDRESS				4.3 S1	REELA	4DDRESS	·					
CITY-ST-ZIP					1Y-51	· ZIP	ļ					
TITLE			L] DELETE	5110							L Change	☐ Addition
NAME OTOTET ADDOCOC				52 N/								
STREET ADDRESS				4		ADDRESS						
CITY-ST-ZIP TITLE			DELETE	5 4 Cr	IY-SI	- ZIP					Change	Addition
NAME			DECEME	6.2 NA							L CHARLYS	☐ MODITION
STREET ADDRESS						ADORESS						
CITY-ST-ZIP					14 · ST							
VIII-OI-EIF			···	0.4 (.1	11.31	- 711,	4					

4. Thereby 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 supplience that annual report is true and accurate and that my signature shall have the same logal 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, I lorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LAWRENCE N. REYNOLDS