## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Sep 17 1997 8:00am

Secretary of State

☐ Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500007576 (8)

BONNIE J. HELMS, P. A.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Principal Place of Business		Mailing Address		( 400/(05: 100 1000) 81/11 80/11 86/11 86	nii manii malii laadi dinii 18810 Bili Skei	
420 FLEMING ST KEY WEST FL 33040		420 FLEMING ST KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report		
					1 '	· · ·
2. Principal P	lace of Business	2a. Mailing Address			01/30/1995 4. FEI Number	05/01/1996 Applied For
21	add of Basilloo	26		65-0555315	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			60.75	
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has pa	id the current year Intengible
24				Personal Property Tax due June 30. L. Yes 🔀 No		
9. Name and Address of Current Registered Agent  HELMS PONIE 1 81				T M	10. Name and Address of New Re	gistered Agent
HELMS, BONIE J			61	Name		
420 FLEMING ST			82	82 Street Address (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33040			97	83		
			00	']		1
				City		FL 85 Zip Code
SIGNATURE	to the provisions of Soctions 607.050 egistered about, or both, in the State of familiar with and accept the obligations of the state o	/ Here			poration submits this statement for the pation's board of directors. I hereby acceptions are provided when reinstating)	
12.		D DIRECTORS	13.	10 0.8	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.5 TITLE			Change Addition
NAME	HELMS, BONNIE J		1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADDRESS		
CITY-ST-ZIP KEY WEST FL 33040			1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		•	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP		Посит	2 4 CiTY-	ST-ZIP		
TITLE		☐ DELETE 3.1				☐ Change ☐ Addition
NAME	1		3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
NAME		L. VELLIE	4.3 JULE 4. 2 NAME			CT CHANGE TT MODITION
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP						
TITLE		DELETE	4.4 CITY- 5.1 TITLE	51 - ZIP		Change Addition
NAME			5.2 NAME			C. Chango C. Akatton
1			O.L TO INIC			

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 improvered 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 ap attachment of the receiver of the same legal effect as if made under oath; that

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-2IP

6.1 TITLE

6.2 NAME

DELETE