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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000028356 (0)

1. Corporation Name

ALEXANDER HELIOS, INC.

Principal Place of Business

Mailing Address

1612 COOLING AVE. MELBOURNE FL 32935

1612 COOLING AVE. MELBOURNE EL 32835



	·					
					3. Date Incorporated or Qualified 04/09/1995 3a. Date	of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3333907	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\$8.75 Additional
22	Dept. III	27 De	$\rho$ † $\sqrt{3}$	ZIT.	5. Certificate of Status Desired	Fee Required
City & State	•	City & State	7		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Countr	у	8. This corporation has liability for intangible tax	unders 199,032,
24	25	29	30		Florida Statutes  Yes No	•
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent
			81	Name		
Hubbard, Brian B				82 Street Address (P.O. Box Number is Not Acceptable)		
1612 COOLING AVE.				. Stroot Addit	eas (10. Box Marrison to Not Moophable)	
MELBOURNE FL 32935			83			*****
			84	City		Table 1
				1 7	FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	named corpora	ation submits this statement for the purpose of char	nging its registered office
familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ia. Such criange was authorized	by the con	ooration's boar	d of directors. I hereby accept the appointment as r	egistered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if anolicable (NOTE:	Registered Age	int signature required	d when reinstating: DATE	
12.	OFFICERS AND		13.	The second second	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE	···		Change Addition
NAME	HUBBARD, BRIAN B	_	1.2 NAME		_	Change (1) Radiilon
STREET ADDRESS	1612 COOLING AVE.	•		1 ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935					
TITLE	D	☐ DELETE	1.4 CITY- 2 1 TITLE	S1-ZIP	-	Change El Addition
NAME	HUBBARD, BRENT W	- Deterie				Change
STREET ADDRESS	1612 COOLING AVE.		22 NAME			
	MELBOURNE FL 32935			T ADDRESS		
CITY-ST-ZIP TITLE	D D	□ DELETE	2.4 CITY-	ST-ZIP		
NAMÉ	SCHAFFRANKE, PAUL	C Dece it	3. 1 TITLE	ł	Li	Change
	1612 COOLING AVE.		3.2 NAME			
STREET ADDRESS	MELBOURNE FL 32935			T ADDRESS		
CITY-ST-ZIP TITLE	D meeboorate re 32833	E DUI CIT	3.4 CITY-1	ST-ZIP		
	LODGE, GEORGE W	☐ DELETE	4 1 TITLE			Change
NAME	3355 SOUTH ATLANTIC AVE	<u>.</u>	4.2 NAME			
STREET ADDRESS		<b>:-</b>	4.3 STREET	ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL 32931	F-1 pc; svc	4.4 CITY - S	ST-21P		
TITLE		DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADORESS		
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE .	6 1 TITLE			Change
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CiTY-ST-ZIP			6.4 CITY-S	it - ZIP		
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furnishe			r the exemption stated in Section 119.07(3)(k). Florid	to Statutos Liturthor

14. To the edge derify that the information supplied with this hing 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 digitary of the capital statutes; and that my name appears in Block 12 or Block in angle or on air attack the receiver of the receive

SIGNATURE: (

25 Apr 96 (407) 253