

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90066 048 ***150.00

DOCUMENT # P95000028356

1. Corporation Name
ALEXANDER HELIOS, INC.



Principal Place of Business

1612 COOLING AVE.
DEPT VIII
MELBOURNE FL 32935
US

Mailing Address

1612 COOLING AVE.
DEPT VII
MELBOURNE FL 32935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1995

4. FEI Number

59-3332907

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 2581 Hereford Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 362063
Suite, Apt. #, etc.

City & State

23 Melbourne FL

City & State

28 Melbourne FL

Zip

24 32935

Country

25 USA

Zip

29 32936

Country

30 USA

9. Name and Address of Current Registered Agent

HUBBARD, BRIAN B
1612 COOLING AVE.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2581 Hereford Rd

83

84 City Melbourne

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUBBARD, BRIAN B
STREET ADDRESS 1612 COOLING AVE.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME KELLY, PAUL
STREET ADDRESS 1612 COOLING AVE
CITY-ST-ZIP MELBOURNE FL

TITLE ☒ DELETE

NAME LODGE, GEORGE W
STREET ADDRESS 3355 SOUTH ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Brian B. Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

255-9837

Daytime Phone #

CR2E034 (1/198)

0119745