

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.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000044184 (6)**
1. Corporation Name
HELIOS CLOTHING, INC.

FILED
97 SEP 15 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 915 CENTRAL AVENUE ST. PETERSBURG FL 33713	Mailing Address 915 CENTRAL AVENUE ST. PETERSBURG FL 33713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report 07/11/1996
				4. FEI Number 59-3326911	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNS, LORI C/O HELIOS CLOTHING, INC. 915 CENTRAL AVENUE ST. PETERSBURG FL 33713		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, LORI	1.2 NAME	700002296407-9
STREET ADDRESS	915 CENTRAL AVENUE	1.3 STREET ADDRESS	-09/17/97--01127--009
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, BRIAN	2.2 NAME	
STREET ADDRESS	915 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE _____ SIGNATURE REQUIRED 9/10/97

CR2E034 (4/97)

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Helios Clothing, Inc.
915 Central Ave.
St. Petersburg, Fl. 33705
(813)822-8016 phone
(813)898-9043 fax

S - Corporation
FEIN# 59-3326911

Certificate # 62-15-190038-14

Number Of Years in Business : 2

Owners/ Officers : Lori Johns President
Brian Johns Director
436 17th Avenue NE
St. Petersburg, Fl 33704
(813) 760-2258
(813) 760-2259

Financial Advisors: Bill Tapp
Kirkland, Brakeman,
Russ, Murphy & Tapp CPA
13577 Feather Sound Drive Suite 400
Clearwater , Fl 34622-5539
(813)572-1400

Bank References : Barnett Bank
One Progress Plaza
200 Central Avenue
St. Petersburg, FL 33701
(813) 535-0711
Contact: Corrine Brown
Account # 1263745297

Please note annual corporate minutes were filed on January 3rd 1997. Check has not cleared the bank. I am not sure what happened. I called and spoke to a representative. He told me to send the \$165 again with any proof I may have for the boards consideration. Please advise if any further action is required.

Lori Johns