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

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085378 (4)

HELM CONSULTING, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

97 AUG -1 AM 9: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Suito Apt #, etc. Suit	550 N REO ST SUITE 108 TAMPA FL 33604		550 N REO ST SUITE 108 TAMPA FL 33604		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
2					3. Date Incorporated or Qualified	3a. Date of Last Report	
25 Sulfo, Apt. #, etc. Sulfo, Apt. #,	2. Principal Place of Business		2s. Mailing Address				
Sulfu. Apt. #, etc. Sulfu. Apt. #, etc.	21					Not Applicable	
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28 20 20 20 30 30 30 30 30			27		5. Certificate of Status Desired		
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28			· · · · · · · · · · · · · · · · · · ·			Added to Fees	
B. Name and Address of Current Registered Agent 10. Name and Address of New Replatered Agent 1550 N REO ST 1508 N REO	—	Country	Zip	Country	8. This corporation owes or has par	d the current year Intangible	
HATT, ELEEN L 550 N REO ST SUITE 108 TAMPA FL 33604 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 City Streat Address (P.O. Box Number is Not Acceptable) 88 Streat Address (P.O. Box Number is Not Acceptable) 89 Streat Address (P.O. Box Number is Not Acceptable) 89 Streat Address (P.O. Box Number is Not Acceptable) 80 City Streat Address (P.O. Box Number is Not Acceptable) 81 Streat Address (P.O. Box Number is Not Acceptable) 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City Streat Address (P.O. Box Number is Not Acceptable) 85 City Streat Address (P.O. Box Number is Not Acceptable) 86 City Streat Address (P.O. Box Number is Not Acceptable) 87 City Streat Address (P.O. Box Number is Not Acceptable) 88 Streat Address (P.O. Box Number is Not Acceptable) 88 Streat Address (P.O. Box Number is Not Acceptable) 89 Streat Address (P.O. Box Number is Not Acceptable) 89 Streat Address (P.O. Box Number is Not Acceptable) 80 City Streat Address (P.O. Box Number is Not Acceptable) 80 Streat Address (P.O. Box Number is Not Acceptable) 81 Streat Address (P.O. Box Number is Not Acceptable) 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 84 City Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Streat Address (P.O. Box Number is Not Acceptable) 85 Str	24			30			
SON REO ST SUITE 108 TAMPA PL 33604 82 Street Address (P.O. Box Number is Not Acceptable) 83 STAMPA PL 33604 84 City FL 85 Zip Code City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 89 Zip Code 80 Zip C			Registered Agent		10. Name and Address of New Re	pistered Agent	
SUITE 108 TAMPA FL 33804 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 regists office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regists of purpose of the purpose of changing its regists of purpose. I are familiar with, and accept the obligations of, Section 607.6505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as regists of purpose of purpos				81 Name			
TAMPA FL 33604 84 City FL 85 Zip Code 11. Pursuant to the provision of Ciscotions 607 CEOP and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist officer or registered agent, or both, in the State of Florida. Such change was submixed by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, the above named deep of directors. I hereby accept the appointment as register agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as register agent, arm familiar with, and accept the obligations of, Specific 807,608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regist register as given and the purpose of changing its regist agent. 12. OFFICE RS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. In It				Address (P.O. Box Number is Not Acceptab	le)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent, and accept the obligations of Section 607 0505, Florida Statules, Change was authorized by the corporation's board of directors. I hereby accept the appointment as registe specific agent, and state in the floridation of the special agent and beef registant. 10							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, the above named corporation submits this statement for the purpose of changing its registe 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 registe agent, and accept the obligations of, Section 607.0505, Florida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTEL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS TO OFFICERS OFFICERS TO OFFICERS TO OFFICERS OFFICERS TO OFFICERS	IA	MPA FL 336U4		83			
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 regist office or registered agent, or both, in the State of Endra Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. By led or printed name of registered agent and time if incidence. 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE NAME SIRET ADDRESS GITY-ST-ZIP TAMPA FL 33604 13. SIRET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TILLE DELETE 17. MAME STREET ADDRESS GITY-ST-ZIP TAMPA FL 33604 14. CITY-ST-ZIP DELETE 15. TILLE DELETE 16. TILLE DELETE 17. TILLE DELETE 18. TILLE DELETE 19. TILLE DELETE 19. TILLE DELETE 19. TILLE DELETE 4. TILLE NAME STREET ADDRESS GITY-ST-ZIP THE NAME STREET ADDRESS GITY-ST-ZIP DELETE 4. TILLE NAME STREET ADDRESS GITY-ST-ZIP DELETE 5. STREET ADDRESS GITY-ST-ZIP THE NAME STREET ADDRESS GITY-ST-ZIP DELETE 5. STREET ADDRESS GITY-ST-ZIP THE NAME STREET ADDRESS GITY-ST-ZIP DELETE 5. STREET ADDRESS GITY-ST-ZIP THE DELETE 6. STREET ADDRESS GITY-ST-ZIP THE Change Change THE ADDRESS GITY-ST-ZIP THE Change THE THE ADDRESS GITY-ST-ZIP THE THE THE THE THE THE THE TH				84 City		85 Zip Code	
SIGNATURE Signature. System or prenade name of registered agent and like Proprietable NOTE Registered Agent soyanure required when remission(s) DATE	11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	and 607.1508, Florida Statute of Florida, Such change was a	s, the above-named uthorized by the corp	corporation submits this statement for the poporation's board of directors. Thereby accep	Irnose of changing its registered	
12.	SIGNATURE						
TITLE		· · · · · · · · · · · · · · · · · · ·					
MAME							
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CITY-ST-ZIP 64 CITY-ST-ZIP				6.4 CITY-ST-ZIP			
14. I do hereby certify that the information sumplied with this filing does not qualify for the exemption stated in Section 119 07(2V). Elevidor Statutos, Litudian continues that the	14. I do hereb	by certify that the information supplied	with this filing does not qualify	for the exemption et	ated 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 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 atlachment with an address.	l am an of	n indicated on this antidal report or su flicer or director of the corporation or t in Block 12 or Block 13 if changed, or i	ippiemental annual report is tru he receiver or trustee empowe on an atlachment with an addr	ie and accurate and red to execute this ri	that my signature shall have the same legal eport as required by Chapter 607, Florida St.	effect as if made under oath; that atutes; and that my name	