FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000087411	(1
t. Comoration Name		

HELMUT, INC.

Maiting Address

FILED Jan 23 1997 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address 4. FEt Number 65-0620758	Applied For Not Applied 8.75 Additional Fee Required \$5.00 May Be Added to Fees under s. 199.032 on the Added to Fees under s. 199.032 on the Additional Fees Required Fee
2. Principal Place of Business 2. Mailing Address 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. This corporation has liability for intangible tax of Florida Statutes 7. Florida Statutes 7. Florida Statutes 7. Name 7. STALZER, HELMUT 7. Name and Address of New Registered Agent 7. Name 7. Street Address (P.O. Box Number is Not Acceptable) 7. Street Address (P.O. Box Number is Not Acceptable) 7. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 7. Street Address (P.O. Box Number is Not Acceptable) 7. FL Street Address (P.O. Box Number is Not Acceptable) 7. FL Street Address (P.O. Box Number is Not Acceptable) 7. FL Street Address (P.O. Box Number is Not Acceptable) 7. FL Street Address of Order of Status Desired Agent	Applied For Not Applied For Not Applied So. Required So. O May Be Added to Fees under s. 199.032 o ht Zip Code
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
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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 proposition or the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if charged, or on an attachment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 680-3749

Daytime Phone