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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

Principal Plac	OCUMENT # P9600025119 (4) HELMA SENTELIK SECRETARIAL SERVICE, INC.  IDEA: Place of Business SOTH TERRACE SW SE FL 33999  Mailing Address 2805 50TH TERRACE SW NAPLES FL 34116-7629											
								3. Date Incorpor 03/15/1996	ated or Qualified	3a. D	ate of Las	t Report
2. Princ-pal F	lace of Business		2a. Mailing	g Address				4. FEI Number			NA	Applied For
Suite, Apt	H. este		26 Suite	Apt. #, etc.				65-06	71812	,—		Not Applica
22	W, City.		27	run. w. etc.				5. Certificate of S	Status Desired			5 Additional Required
Cily & Sta	le		City &	State			<del></del>	6. Election Camp	paign Financing		\$5.0	May Be
<b>23</b> [ Zip	Country		28 Zip		T ~	ountry		Trust Fund Co				d to Fees
24	25		29		30	Journal		8. This corporation of the Florida Statute	on has liability for es	intangible 1 Yes	atax unde	rs. 199,032
	9, Name and Address	of Current F		gent	11		·	10. Name and Ac				
	TELNIK, THELMA					81	Name					
	5 50TH TERRACE SW					82	Street Add	ess (P.O. Box Number is Not Acceptable)				
NAP	LES FL 33999					83				<del></del>		
						84	City			FL	85 Z	p Code
11. Pursuant	to the provisions of Sectio	ns 607.0502 a	nd 607.1508	3, Florida Statu	tes the	above	named cor	poration submits this	statement for the		changin	its register
11. Pursuant office or agent 1: SIGNATURE	to the provisions of Section registered agent, or both, in am lamit ar with, and acception							poration submits this tation's board of director	statement for the ors. I hereby acce		f changing pointment	g its register as registere
	Sign enter typed or puribitiname d		and title if applicat	ole (NO		ered Ager		ilred when reinstating)	statement for the ors. I hereby acce HANGES TO OFF	purpose o ept the app	D DIRECT	ORS IN 12
SIGNATURE. 12. III.F	Sign core typed or professional OFF	registered agent a	and title if applicat		TE: Hegiste	ered Ager 3. 1 TITLE		ilred when reinstating)		purpose o ept the app		ORS IN 12
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SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR Date Days