

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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085403 (9)

1. Corporation Name  
HELSETH AND HELSETH, INC.



Principal Place of Business  
7805 IMMOKOLEE ROAD  
FT. PIERCE FL 34951-9722

Mailing Address  
7805 IMMOKOLEE ROAD  
FT. PIERCE FL 34951-9722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0705704		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation owes or has paid the current year Intangible		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Personal Property Tax due June 30,			
24		25		29		30	

9. Name and Address of Current Registered Agent

HELSETH, HAROLD S  
7805 IMMOKOLEE ROAD  
FT. PIERCE FL 34951-9722

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

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	D	<input type="checkbox"/> DELETE
NAME	HELSETH, BETTY P	
STREET ADDRESS	7805 IMMOKOLEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951-9722	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELSETH, BRIAN A	
STREET ADDRESS	7805 IMMOKOLEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951-9722	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELSETH, CRAIG S	
STREET ADDRESS	7805 IMMOKOLEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951-9722	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELSETH, HAROLD S	
STREET ADDRESS	7805 IMMOKOLEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34951-9722	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/98 561-461-5805  
Date Daytime Phone # 0493766

CR2E034 (10/97)