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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000006095

HELEN'S MAINTENANCE INC. Principal Place of Business Mailing Address 3421 NE 21 AVE 3421 NE 21 AVE LIGHTHOUSE POINT, FL LIGHTHOUSE POINT, FL DO NOT WRITE IN THIS SPACE 33064 33064 3. Date Incorporated or Qualified JANUARY 21, 1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 26 9720 PINRS BLVD 59-3423333 Not Applicable Suite, Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 PEMBROKE PINES, FL Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible **V** Yes □ Ño 33024 Personal Property Tax due June 30. 29 U 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 | Namo HELEN PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 3421 NE 21 AVE, В3 LIGHTHOUSE POINT, FL 33064 84 City 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 [NOTE Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title d applicable DALL OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1 1 THILE ☐ Change PTS TITLE 1.2 NAME NAME HELEN PAUL 13 STREET ADDRESS STREET ADDRESS 3421 NE 21 AVE CHY-ST-Z#P LIGHTHOUSE POINT, FL 33064 14 CHY-ST-ZIP Change Addition 21 THILE THEF 2 2 NAME NAME STREET ADDRESS 2.3 STRELT ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Спалов ■ Addition 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELLITE 4.1 TITLE Change Addition THEE 4 2 NAMI NAME 4.3 STREET ADDRESS STRIET ADDRESS 44 CHY-ST-ZIP CHY ST-ZIP L. DELETE Addition 5.1 TITLL THILL 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CHEY-ST-ZIP 500002463**3**65 DECETE HILE 6 1 10 LE -03/20/98--01034--031 62 NAME NAME ***150.00 63 STREET ADDRESS SHIFFET ADDRESS 64 CITY-ST-7IP

I hereby certily that the information supplied with this filing does not qualify for the exception 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 krie and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired 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. 14. I hereby certily that the information

SIGNATURE:

HELEN PAUL

3/16/98

CR2E034 (10/97)

FILED

Mar 20 1998 8:00am

Secretary of State