4-30-98 B. 6040 CFILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 30 1998 8:00am Secretary of State

DOCUMENT # 1. Corporation Name	P97000072444	(7)
HELP MATE, INC.		

Principal Place of Business

Mailing Address

7320 GLENMOOR LANE. #308 NAPLES FL 34101 7320 GLENMOOR LANE. #308 NAPLES FL 34101

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1997 Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name 7320 GLENMOOR LANE, #308 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34101 83 84 City 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 protect name of regestered eject and little if applicable. (NOTL_Hugistured Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEL ETE Change Addition 1.1 TITLE Stevens, Phallis J. NAME STEVENS, PHYLLIS J 1.2 NAME 1320 GleNMOOR LN. #308 7320 GLENMOOR LANE, #308 STREET ADDRESS 1.3 STREET ADDRESS NAPles, F1 34104 NAPLES FL 34101 1.4 CITY - ST - ZIP Stone, Robert R. 7320 Glenmoor LANE, # 308 NAPLES. El CITY-ST-ZIP DELETE Change TITLE 21 TITLE NAME STONE, ROBERT R 2.2 NAME STREET ADDRESS 7320 GLENMOOR LANE, #308 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34101 2 4 CITY - ST- ZIP DELETE TITLE 3 1 TITLE Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DFLETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Tritu 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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)(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 exportation 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 chapter 607 or on an attractiment with an address

SIGNATURE Shulling . Atturn) Phyllic T Steven

19 198 9NINE 6104

CR2E034 (10/97)