

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:58

DOCUMENT # **S59235** (9)

1. Corporation Name
NOVELTY HELMETS, INC.

Principal Place of Business Mailing Address
2090 S. NOVA ROAD, UNIT 2101 **2090 S. NOVA ROAD, UNIT 2101**
SOUTH DAYTONA FL 32119 **SOUTH DAYTONA FL 32119**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		06/11/1991		03/18/1994	
22 Suite, Apt. #, etc.		27 Sub, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3075610		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOORHOUSE, DONALD E. 160 GULL DRIVE, SOUTH DAYTONA BEACH FL 32119				81 Name			
				Edward A. Millis			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1414 W. Granada Blvd., Suite IV			
				83			
				84 City			
				Ormond Beach			
				85 Zip Code			
				FL 32174			

11. Pursuant to the provisions of Sections 607.002 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 607.0509, Florida Statutes.

SIGNATURE: *Edward A. Millis* DATE: 1-19-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOORHOUSE, DONALD E.	1.2 NAME	Glennon L. Hendrix
STREET ADDRESS	160 GULL DRIVE, SOUTH	1.3 STREET ADDRESS	2090 S. Nova Road, #2101
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	South Daytona, FL 32119
TITLE		2.1 TITLE	D/V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Patricia L. Hendrix
STREET ADDRESS		2.3 STREET ADDRESS	2090 S. Nova Road, #2101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	South Daytona, FL 32119
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Glennon L. Hendrix* DATE: 1-19-95
(NOTE: Registered Agent signature required when reinstating)

904-7562-233
677-5551