


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

FILED

Jan 14 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S62549 (8) 1. Corporation Name HELMS BEAN LINE, INC.					
Principal Place of Business 300 N KROME AVE. FLORIDA CITY FL 33034			Mailing Address P.O. BOX 800914 HOMESTEAD, FL 33090-0914		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/26/1991 3a. Date of Last Report 02/05/1996 4. FEI Number 65-0275690 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent HELMS, DANNY 27655 SW 177 AVENUE HOMESTEAD FL 33031			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HELMS, DANNY		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	27501 SW 166 AVENUE		1.2 NAME		
CITY - ST - ZIP	HOMESTEAD FL		1.3 STREET ADDRESS		
			1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINOCCHIARO, ORAZIO		2.2 NAME		
STREET ADDRESS	18300 SW 288 STREET		2.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		2.4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMES, ROBERT K.		3.2 NAME		
STREET ADDRESS	28700 SW 157 AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		3.4 CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELMS, BOBBY		4.2 NAME		
STREET ADDRESS	16880 SW 277 STREET		4.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALARICO, GAETANO		5.2 NAME		
STREET ADDRESS	19200 SW 304 STREET		5.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		5.4 CITY - ST - ZIP		
TITLE	D	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELMS, LESTER B.		6.2 NAME		
STREET ADDRESS	18544 SW 293 TERR.		6.3 STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		6.4 CITY - ST - ZIP		
14. I do 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 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 amendment with an address.					
SIGNATURE: _____ 1-7-97 305-247-4456 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)