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

P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

S62549

(8)

HELMS BEAN LINE, INC.

FILED Jan 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						BIRKI ÖYÜN ÖTÜN OLON BIÖN ÖYÜN KÜÜN
300 N KROME AVE. P.O. BOX 900914						
FLORIDA CITY FL 33034		HOMESTEAD. FL 33090				
				DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualified 06/26/1991	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
2126					65-0275690	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	3	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
→ ^{Zip}	Country	Zip	Cou	ntry	8. This corporation owes or has paid to	— ' — ' I
24	25 9. Name and Address of Currer	29	30		Personal Property Tax due June 30 10. Name and Address of New Regis	
		ir uaðistatan Aðaur		81 Name	10, radio and Address of few regis	tereu Agent
	ELMS, DANNY			Tranic		
27655 SW 177 AVENUE HOMESTEAD FL 33031				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	, , , , ,
п	OMESTEAD PL 33031		ŀ	83		
			ļ			
				84 City		FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 607 050	2 and 607 1508 Florida Stat	utes the at	ove-named corn	poration submits this statement for the purp	
office or re	egistered agent, or both, in the State	of Florida. Such change was	s authorized	t by the corporat	ion's board of directors. I hereby accept the	ne appointment as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stati	ites.		
SIGNATURE	Signature, typed or printed name of registered agr	at and title if applicable (N	O1F Registered	Agent signature requir	ed when reinstating)	DATE
12.	OFFICERS AN	·	13.		ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	LF		☐ Change ☐ Addition
NAME	HELMS, DA NN Y	INNY 1.8		ME		l.
STREET ADDRESS	27501 SW 168 AVENUE		1.3 ST	REET ADDRESS		}
CITY-ST-ZIP	HOMESTEAD FL		1,4 CIT	Y-ST-ZIP]}
TITLE	D	☐ DELETE	2.1 TIT	LE		Change Addition
NAME	FINOCCHIARO, ORAZIO	2.2 NA		ME		
STREET ADDRESS	18300 SW 288 STREET		2.3 ST	RÉET ADORESS		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CI	TY-ST-ZIP		
TITLE	D	☐ DELETE	3 1 TIT	LE		Change Addition
NAME	AMES, ROBERT K.		3.2 NA	ME		
STREET ADDRESS	26700 SW 157 AVENUE		3.3 \$1	REET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL			TY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TiT			L Change Addition
NAME	HELMS, BOBBY		4. 2 N	ME		
STREET ADDRESS	16880 SW 277 STREET		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	T polese		Y-SI-ZIP		
TITLE	U TALADIOO OAFTANO	DELETE	5.1 717			Change Addition
NAME	TALARICO, GAETANO		5.2 NA	\ \		
STREET ADDRESS	19200 SW 304 STREET		1	REET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	DELETE		Y-ST-ZIP		Change Address
TITLE	D MEINE LEGTED D	☐ DELETE	6.1 TIT			Change Addition
NAME	HELMS, LESTER B.		6.2 NA	1		
STREET ADDRESS	18544 SW 293 TERR.			REET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	th this filing does not a relati		Y-ST-ZIP	Section 110.07/2)/i) Florido Statutos I fuel	they early that the lefe-

14. Thereby certify that the information supplied with this filing does not qualify for the exomption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 receive/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.

A.A...

Valas

205-245-119-52