


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 002 ***150.00

0170857

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S62549

1. Corporation Name
HELMS BEAN LINE, INC.

Principal Place of Business
300 N KROME AVE.
FLORIDA CITY FL 33034

Mailing Address
~~P.O. BOX 349168~~
~~HOMESTEAD FL 33030~~
P.O. BOX 349168
FLORIDA CITY, FL 33034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0275690	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HELMS, DANNY 27655 SW 177 AVENUE HOMESTEAD FL 33031				81 Name Tommy Torbert	
				82 Street Address (P.O. Box Number is Not Acceptable) 17777 S.W. 285th st	
				83 Homestead, FL 33030	
				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 Tommy Torbert Tommy Torbert 1-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, DANNY	1.2 NAME	Tommy Torbert
STREET ADDRESS	27501 SW 166 AVENUE	1.3 STREET ADDRESS	17777 S.W. 285th ST.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, Fla 33030
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINOCCHIARO, ORAZIO	2.2 NAME	Kirby Johnson
STREET ADDRESS	18300 SW 288 STREET	2.3 STREET ADDRESS	16930 S.W. 266th St.
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33031
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	AMES, ROBERT K.	3.2 NAME	
STREET ADDRESS	26700 SW 157 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
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 <input type="checkbox"/> DELETE	5.1 TITLE	
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
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 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 attachment with an address, with all other like empowered.

SIGNATURE: Tommy Torbert Tommy Torbert 1-12-95 305-247-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)