

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90087 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S93201

1. Corporation Name
HELICORP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 1380 LABELLE FL 33935		Mailing Address P O BOX 1380 LABELLE FL 33975 US	
2. Principal Place of Business 21 375 N. Main St.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State LaBelle FL		28 City & State	
24 Zip 33935		29 Zip 30 Country	
25 Country		30 Country	
3. Date Incorporated or Qualified 11/12/1991			
4. FEI Number 65-0295263		Applied For Not Applicable	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SMITH, WILLIAM R. 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MILDRED K.	1.2 NAME	
STREET ADDRESS	17950 CYPRESS CREEK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33920	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CLIFF	2.2 NAME	
STREET ADDRESS	5714 BUCHANAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34954	2.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELPH, GLENDA B	3.2 NAME	
STREET ADDRESS	306 CALOOSA ESTATES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANVOORHIS, JOHN	4.2 NAME	
STREET ADDRESS	619 MCARTHUR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL 33936	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Mildred K. Smith* SIGNATURE REQUIRED K. Smith, Pres. 4/27/99 941-675-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)