**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S93201

HELICORP, INC.

Principal Place of Business <del>P-0-80X-1380 →</del>

LABELLE FL 33935

Mailing Address

P O BOX 1380 LABELLE FL 33975

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

04-30-1999 90087 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Suite, Apt. #, etc.    Suite, Apt. #, etc.						11/12/1991			
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. #, e	2. Principal P	Place of Business	2a. Mailing Address				Appl	ied For	
Suite, Apt. #, etc.   27   27   27   5. Certificate of Status Desired   Fee Required   Fee Requi	21 375	N. Main St.	26	•		65-0295263	Not a	Applicable	
City & State 23	Suite, Apt.	#, etc.	<u>├</u> -			5. Certificate of Status Desired			
Zip   3   3   935   25   29   30   25   29   30   30   8. This corporation owes the current year Intaglible Personal Property Tax.   Yes   No.   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name		le.				6. Election Campaign Financing	\$5.00 M	lav Be	
Zip S 3935 Zis Country Zip Country	22 La	Belle FL	28			1 1 1	•	•	
24 3 3 9 3 5 25 29 30 Personal Property Tax.				Coun	try	A. This corporation owes the current year Intan	gible	'-	
9. Name and Address of Current Registered Agent  SMITH, WILLIAM R. 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919  82 Street Address (P.O. Box Number is Not Acceptable)  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPST  DPST  DELETE  11. TITLE  DPST  DPST  DELETE  11. TITLE  DPST  DPST  DELETE  11. TITLE  DPST  TITLE  DPST  DELETE  11. TITLE  DPST  DELETE  11. TITLE  DPST  DELETE  11. TITLE  DPST  DELETE  11. TITLE  DPST  TITLE  DPST  DELETE  11. TITLE  DPST  DELETE  11. TITLE  DPST  TITLE  V  DELETE  12. NAME  SMITH, MILDRED K.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  V  DELETE  13. TITLE  DPST  TITLE  DPST  DELETE  14. City  DELETE  15. TITLE  DPST  DELETE  16. TITLE  DPST  TITLE  V  DELETE  17. STREET ADDRESS  CITY-ST-ZIP  FORT MYERS FL 33920  14. CITY-ST-ZIP  TITLE  V  DELETE  21. TITLE  DPST  TITLE  DPST  TITLE  V  DELETE  13. TITLE  DPST  TITLE  DPST  TITLE  DPST  TITLE  V  DELETE  14. City  DELETE  15. TITLE  DPST  TITLE  D	ー・コス	926	<del></del>	30	•			⊒No	
SMITH, WILLIAM R. 8191 COLLEGE PARKWAY SUITE 300 FORT MYERS FL 33919  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City	24; 55	-   23		1901			ent		
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SUITE 300 FORT MYERS FL 33919  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 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 of signature, typed or printed name of registered agent and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPST DELETE 1.1 TITLE  OFFICERS AND DIRECTORS IN 12  ITAME  SMITH, MILDRED K.  STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33920  14. CITY-ST-ZIP  TITLE  V DELETE 21 TITLE  V DELETE 21 TITLE  Change Additional Chang	8191 COLLEGE PARKWAY				82   Street Address (P.O. Box Number is Not Acceptable)				
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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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.	TON	11 WILIO FE 33515		ļ.	34 City		85 Zip Co	ode	
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12.	SIGNATURE		Total de la Contraction de la	TC: Ossistor=4 /	anet eignatura	required when reinstation). DATE			
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NAME								Addition	
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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				6.4 CID	-ST-ZIP				

indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.3.07(5)(f), included statutes, indicated on this 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.

NAME OF SIGNING OFFICER OR DIRECTOR Date 4/27/99