

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 147646 (4)
1. Corporation Name
HELMS CONSTRUCTION CO.



Principal Place of Business: 4774 MIMOSA ST BATON ROUGE, LO 70808
Mailing Address: 4774 MIMOSA ST BATON ROUGE, LO 70808

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 County 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 County 30

3. Date Incorporated or Qualified: 07/01/1946
3a. Date of Last Report: 03/29/1995
4. FEI Number: 59-0549121 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: BLATY, ANTHONY J. 7600 RED ROAD #201 S MIAMI FL 33143
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 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMES, CAROL JEAN		12 NAME		
STREET ADDRESS	103 W 86TH ST		13 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY 00000		14 CITY - ST - ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMES JR, RALPH LEE		16 NAME		
STREET ADDRESS	4774 MIMOSA ST		17 STREET ADDRESS		
CITY - ST - ZIP	BATON ROUGE, LA 00000		18 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			20 NAME		
STREET ADDRESS			21 STREET ADDRESS		
CITY - ST - ZIP			22 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			24 NAME		
STREET ADDRESS			25 STREET ADDRESS		
CITY - ST - ZIP			26 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			28 NAME		
STREET ADDRESS			29 STREET ADDRESS		
CITY - ST - ZIP			30 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation, the officer or director or trustee or partner as provided to exclude this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 and change of name or address with a check.

SIGNATURE: *Ralph Lee Helms* RALPH LEE HELMS 4/6/96 7510355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)