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

FILED Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H82537 THE HEAR CENTER, INC. Principal Place of Business Mailing Address 1969 SE PORT ST LUCIE BLVD. 1969 SE PORT ST LUCIE BLVD. PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2607149 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ∏ No **☑** Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CARPENTER, ROBERT S. 1969 SE PORT ST LUCIE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL-34952 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforda 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** Signature, typiod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CARPENTER, MICHELE D. NAME 1.2 NAME 586 SW RUSTIC CIR. STREET ADDRESS 1.3 STREET ADDRESS STUART FL 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE CARPENTER, ROBERT S. NAME 2 2 NAME 586 SW RUSTIC CIR. STREET ADDRESS 2.3 STREET ADDRESS STUART FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition 3.1 THLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6 1 TITLE NAME 62 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 and that the information indicated on this annual report or supplemental and that it is the analysis 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 of the process in the process of the corporation of the corporation of the process of the corporation of the process of the corporation of 2/11/100

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information