


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44402 (8)
 1. Corporation Name
CITRUS HEARING IMPAIRED PROGRAM SERVICES, INC.



Principal Place of Business 105 SE HWY 19 CRYSTAL RIVER FL 32629	Mailing Address 105 SE HWY 19 CRYSTAL RIVER FL 32629
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1991	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3068965	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HOPKINS, MICHAEL M
1701 SE FORT KING STREET
OCALA FL 32871**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MAZZEI, JEAN
STREET ADDRESS	105 SE HWY 19
CITY-ST-ZIP	CRYSTAL RIVER FL 32629
TITLE	PD <input type="checkbox"/> DELETE
NAME	REYNOLDS, JACK
STREET ADDRESS	FIRST NAT'L BANK, P.O. BOX 2650 N/A
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	TODD, WAYNE
STREET ADDRESS	8941 W. ANNA GAIL LANE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DAVIS, JOYCE
STREET ADDRESS	P. O. BOX 2356 N/A
CITY-ST-ZIP	HOMOSASSA SPRINGS FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SEIBER, ROBERT
STREET ADDRESS	5469 W. GROVE PARK RD.
CITY-ST-ZIP	DUNNELLON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ELLIOTT, WILLIAM M
STREET ADDRESS	ROUTE 1, BOX 540-
CITY-ST-ZIP	MORRISTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Lt Brian Wallin
1.4 CITY-ST-ZIP	6899 W Cyrus St Crystl River FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Jim Shields
2.4 CITY-ST-ZIP	1160 S Candlenut Ave Homosassa FL 34448
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Albert Plante
3.4 CITY-ST-ZIP	6190 W Appian St Homosassa FL 34446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

SIGNATURE _____ DATE _____