

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

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AND
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1998 MAR 10 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000099382 (9)
1. Corporation Name
SPEECH-LANGUAGE SPECIALISTS, INC.

Principal Place of Business: 934 N. UNIVERSITY DRIVE #444 CORAL SPRINGS FL 33071
Mailing Address: 934 N. UNIVERSITY DRIVE #444 CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 12/08/1996

21. Principal Place of Business	26. Mailing Address
4000 Hollywood Blvd Suite, Apt. #, etc. Suite 540N City & State Hollywood, FL Zip 33021	4000 Hollywood Blvd Suite, Apt. #, etc. Suite 540N City & State Hollywood, FL Zip 33021
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number: 65-0715085
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LEWIS, JEFFREY I
934 N. UNIVERSITY DRIVE #444
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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 I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Karen B. Rozar* Karen B. Rozar, As Its Agent DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, JEFFREY I	
STREET ADDRESS	934 N. UNIVERSITY DRIVE #444	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Ostroff, Ron
1.3 STREET ADDRESS	4000 Hollywood Blvd #540N
1.4 CITY-ST-ZIP	Hollywood, FL 33021
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Caruso, Darren
2.3 STREET ADDRESS	4000 Hollywood Blvd #540N
2.4 CITY-ST-ZIP	Hollywood, FL 33021
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Lichtman, Harvey
3.3 STREET ADDRESS	4000 Hollywood Blvd #540N
3.4 CITY-ST-ZIP	Hollywood, FL 33021
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD Baker, Michael
4.3 STREET ADDRESS	4000 Hollywood Blvd #540N
4.4 CITY-ST-ZIP	Hollywood, FL 33021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900002456659--9
5.4 CITY-ST-ZIP	-03/13/98--01068--008
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	****150.00 ****150.00
6.3 STREET ADDRESS	
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.

SIGNATURE: *Michael Baker* Michael Baker *2/11/98* (96)097-7160

CR2E034 (10/97)