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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84367

(2)

AMERICA'S EARS, INC.

FILED Jun 16 1997 8:00am Secretary of State

Principal Place of Business 201 NW 82ND AVE. #404 PLANTATION FL 33324 US		201 NW 82ND PLANTATION F	Mailing Address 201 NW 82ND AVE. #404 PLANTATION FL 33324-1839 US		1 1051001 0151 19111 01052 11110 01111 (1051 01011 01011 01011 01011 01011			
		•				3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last 06/20/1996	Report
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number	/	pplied For
21		26	26		59-2603989 Not Ap		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	* - · · ·	Additional Required
City & State			City & State		6. Election Campaign Financing		May Be	
23		— ·	28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip			8. This corporation has liability for i	intangible tax under s. 199.032.		
24	25	29		30			Yes No	
	9. Name and Address of	Current Registered Agen	it			10. Name and Address of New Re	gistered Agent	
MOS	SELLE, HERBERT I., MD			81	Name			i
201	NW 82ND AVE #404			B2	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
PLAI	NTATION FL 33324			02	DIECTA	durens (1 ,O. Dox Hamber is Not Nooopies	10,	
				83				
	-			84	City		os 7ir	Code
	_			184	City		FL 85 Zip	Cocie
office or re agent. I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	e State of Florida, Such ch	lange was a	authorized bi	/ the corpo	orporation submits this statement for the p oration's board of directors. I heroby accep	urpose of changing It the appointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of regist	Inred agont and title if applicable	(NOT	C: Registered Ag	ent signature re	equired when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	DP		DELETE	1.1 TOLE			Change	Addition
NAME	MOSELLE, HERBERT			1.2 NAME			1	
STREET ADDRESS	201 NW 82 AVE #404			1.3 STREE	ADDRESS			1
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-5	1-ZIP			
TITLE	D		DELETE	2.1 7(1)LE			L Change	Addition
NAME	MOSELLE, JOAN			2.2 NAME				
STREET ADDRESS	201 NW 82ND AVE #404	4		2.3 STREE	ADDRESS			
CITY-ST-ZIP	PLANTATION FL			2. 4 C/1Y -	S1- <i>7</i> IP			
TITLE			DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-1	ST - Z IP			
TITLE			DELETE	5.1 TITLE	-		Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST - ZIP			
TITLE			DELETE	61 THLE			[_] Change	☐ Addition
NAME				62 NAME				1
STREET ADDRESS				6.3 STREE	ADDRESS			
CITY-ST-ZIP				6.4 CHTY-				
44 Lela barak	ou partifuthat the information of	cumplied with this films do	ileun ton ac	futor the ove	motion eta	sted in Section 119 07(3)(i) Florida Statute	 I further certify th: 	al 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.