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

CITY-ST-76

CICNIATURE.

FILED PROFIT Jun 18 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name H84367 AMERICA'S EARS, INC. Mailing Address Principal Place of Business 201 NW 82ND AVE. #404 201 NW 82ND AVE. #404 PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 11/07/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2603989 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zıp $Z_{\rm IP}$ Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOSELLE, HERBERT I., MD 201 NW 82ND AVE #404 Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City Zip Code 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 Honda. 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 (NOTE Registered Agent's gnature required when reinstating) DATE Signature, typed or printed name of registered agent as fibilist applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE Moselle, Herbert 1.2 NAME NAME 201 NW 82 AVE #404 STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIF 1.4 CITY - \$1 - Z(P DELFTE Change Addition TITLE 2.1 TITLE MOSELLE, JOAN 2.2 NAME 201 NW 82ND AVE #404 2.3 STREET ADDRESS STREET ADORESS **PLANTATION FL** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-\$1-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 51 TITLE 5.2 NAMI STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 logal offect as if made under eath; that I am an officer or director of the corporation or the receiver or frusted 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.

954-472-1212