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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 564969

1. Corporation Name

ALLIED HEARING AID CENTERS, INC.

	•							, <b>116</b> 11 11811 1481 -
Principal Pla	ce of Business	Mailing Address				- I FAME OL MELIA ENTE MINIO INSIA CELLA 1011 NIBII	OLDIS BIBSI DIGIS	878T1 01011 (881
625 S. STATE ROAD 625 S. STATE ROAD								
K-MART PLAZA K-MA		K-MART PLAZA						
HOLLYWOOD FL 33023		HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		}
		- T				01/03/1978		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21						59-1794269	<del></del>	lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				- 5 Certifcate of Status Desired		Additional
22		27					Fee R	tequired
City & Sta	ite	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year I		_
24	25	29	30		·	Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	News	10. Name and Address of New Registered	Agent	
SKE	ELLY, RICHARD M.			81	Name			ł
ALL 625 S-STATE RD 7 CENTERS, INC.				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	ART PLAZA							ests - e - ests - e - e
HOLLYWOOD FL 33023				83			经报告	1
ПО	LET#000 FE 33023			84	City		85 Zip	Code
poor to grown one to see a second of the sec				'	Oily .	FI	_	
11. Pursuani	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the a	above-	named corpor	ation submits this statement for the purpose of	f changing its	registered
:Clagent II	am familiar with, and accept the obligat	ions of Section 607.0505, Flo	rida Sta	itutes.	ne corporation	's board of directors. I hereby accept the appo	antment as re	agistered
SIGNATURE								ł
0,010,110112	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registere	d Agent	signature required w	when reinstating) , OATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.17	TITLE		19 有於楊鴻	Change	☐ Addition
NAME	SKELLY, RICHARD M.		1.2 1	NAME	J			J
STREET ADDRESS		•	1,3 \$	STREET A	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1,4 0	CITY-ST-	ZIP			
TITLE	STD			VII. 4.				
NAME	SKELLY, JANET M.	☐ DELETE	2.1 T	TITLE	-		☐ Change	Addition
STREET ADDRESS	-1995 PARKSIDE CIR-SO.	∟ DELETE			=:		☐ Change	Addition
CITY-ST-ZIP		U DELETE	2.2 N	TITLE	ADDRESS		☐ Change	Addition
TITLE OUT		☐ DELETE	2.2 N	TITLE	ADDRESS		☐ Change	Addition .
	BOCA RATON FL	☐ DELETE	2.2 N	TITLE NAME STREET A CITY-ST	ADDRESS		☐ Change	Addition  Addition
NAME !	BOCA RATON FL	DELETE	2.2 N 2.3 S 2.4 G 3.1 T	TITLE NAME STREET A CITY-ST	ADDRESS			
4 551,514 6 6 6	BOCA RATON FL	DELETE	2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TITLE NAME STREET A CITY-ST	ADDRESSZIP			
STREET ADDRESS	BOCA RATON FL	DELETE	2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S	TITLE NAME STREET A CITY-ST- ITTLE NAME STREET A	ADDRESS - ZIP		☐ Change	
4 551,514 6 6 6	BOCA RATON FL	DELETE	2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4. C	TITLE  NAME STREET A  CITY-ST- TITLE  NAME	ADDRESS - ZIP		☐ Change	
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STREET ADDRESS CITY-ST-ZIR TITLE NAME	BOCA RATON FL	☐ DELETE	22N 235 240 31T 32N 33S 34.0 41T 4.21	TITLE  NAME STREET A  CITY-ST-  TITLE  NAME  STREET A  CITY-ST-  TITLE  NAME	ADDRESS -ZIP -ADDRESS -ZIP		☐ Change	Addition
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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 pastee 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, with all other like employered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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1995 PARISIDE CO 30

☐ DELETE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90048 027 \*\*\*150.00

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☐ Addition

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