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04-29-1999 90158 036 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715153

1. Corporation Name

HEARING EDUCATION AND RESEARCH FOUNDATION, INC.

Principal Place of Business

C/O KRAMER, GREEN, ZUCKERMAN, ET AL
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021

Mailing Address

C/O KRAMER, GREEN, ZUCKERMAN, ET AL
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021



2. Principal Place of Business

21 3661 S. MIAMI AVE

Suite, Apt. #, etc.

22 #409

City & State

23 MIAMI FL

Zip

24 33133

Country

2a. Mailing Address

26 3661 S. MIAMI AVE

Suite, Apt. #, etc.

27 #409

City & State

28 MIAMI FL

Zip

29 33133

Country

3. Date Incorporated or Qualified

08/23/1968

4. FEI Number

59-1218075

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M ESQ.
C/O KRAMER, GREEN, ET AL
4000 HOLLYWOOD BLVD., SUITE 485-S
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

FRANK MCCOY

82 Street Address (P.O. Box Number is Not Acceptable)

85 NE 94 STREET

83

84 City

MIAMI SHORES

FL

85 Zip Code

33138

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

FRANK MCCOY

FRANK MCCOY

4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOT S: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME PULLEN, FREDRIC W II

STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485-S

CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE

NAME KRAMER, ROBERT M

STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485-S

CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE

NAME ZUCKERMAN, LESLIE H

STREET ADDRESS C/O 4000 HOLLYWOOD BLVD., SUITE 485-S

CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 40977B, 3661 S. MIAMI AVE, MIAMI FL 33133

1.4 CITY-ST-ZIP

MIAMI FL 33133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 617, 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 empowered.

SIGNATURE:

FRANK MCCOY

4/20/99

3058545971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)