

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 760963 (9)

1. Corporation Name

UNITED HEARING AND DEAF SERVICES, INC.



Principal Place of Business

Mailing Address

2800 W OAKLAND PK BLVD  
306  
OAKLAND PARK FL 33311  
US

2800 W OAKLAND PK BLVD  
306  
OAKLAND PARK FL 33311  
US

3. Date Incorporated or Qualified  
12/08/1981

3a. Date of Last Report  
09/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-2184162

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROUSE, W. JAY  
2800 W. OAKLAND PK BLVD  
OAKLAND PARK FL 33311

81 Name

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

83

84 City

FL

85 Zip Code

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

*Jay Krouse*

Signature, type or print name, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MILLER, RACHEL  
STREET ADDRESS 11211 S. MILITARY TRAIL #4824  
CITY-ST-ZIP BOCA RATON FL 33436

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MOORE, KEN  
STREET ADDRESS 210 FLORIDA AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33306

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LERNER, IRA  
STREET ADDRESS 260 NW 76TH AVE. #14-208  
CITY-ST-ZIP MARGATE FL 33063

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME KROUSE, JAY  
STREET ADDRESS 2800 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP OAKLAND PARK FL 33311-1361

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GROSSMAN, RANDI  
STREET ADDRESS 7770 W. OAKLAND PARK BLVD.  
CITY-ST-ZIP SUNRISE, FLORIDA 33351

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Jay Krouse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96

Date

954-731-7200

Daytime Phone #

CR2E037 (12/95)