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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760963** (9)

1. Corporation Name

UNITED HEARING AND DEAF SERVICES, INC.



Principal Place of Business 2800 W OAKLAND PK BLVD 308 OAKLAND PARK FL 33311 US	Mailing Address 2800 W OAKLAND PK BLVD 308 OAKLAND PARK FL 33311 US
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3. Date Incorporated or Qualified 12/08/1981
4. FEI Number 59-2184162
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MARCUS, CLAIRE 2800 W OAKLAND PARK BLVD STE 308 OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent 81 Name: ANNE DICKEL 82 Street Address (P.O. Box Number is Not Acceptable): 2800 W. OAKLAND PARK BLVD - STE 306 83 City: OAKLAND PARK FL 84 Zip Code: 33311
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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 *Anne Dickel* DATE **4/28/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PAST PRES.	<input type="checkbox"/> DELETE
NAME MILLER, RACHEL	
STREET ADDRESS 11211 S. MILITARY TRAIL #4824	
CITY-ST-ZIP BOCA RATON FL 33436	
TITLE SD	<input type="checkbox"/> DELETE
NAME LEARNER, IRA	
STREET ADDRESS 280 NW 76TH AVE. #14-208	
CITY-ST-ZIP MARGATE FL 33063	
TITLE M	<input checked="" type="checkbox"/> DELETE
NAME MARCUS, CLAIRE	
STREET ADDRESS 2800 W OAKLAND PARK BLVD	
CITY-ST-ZIP OAKLAND PARK FL	
TITLE PRESIDENT	<input type="checkbox"/> DELETE
NAME GROSSMAN, RANDI	
STREET ADDRESS 7770 W. OAKLAND PARK BLVD	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE VP-D	<input type="checkbox"/> DELETE
NAME Ms. Edith Chaplan	
STREET ADDRESS 370 NW 76th Ave #407	
CITY-ST-ZIP MARGATE, FL 33063	
TITLE TREAS-D	<input type="checkbox"/> DELETE
NAME Ms. Andrea Wilson	
STREET ADDRESS 321 SW 54 Ave	
CITY-ST-ZIP Plantation, FL 33317	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Andrea Wilson* DATE: **4/14/98** (954) **731-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

CR2E037 (10/97)