

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 008 ****61.25

DOCUMENT # 760963

1. Corporation Name

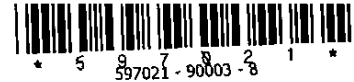
UNITED HEARING AND DEAF SERVICES, INC.

Principal Place of Business

2800 W OAKLAND PK BLVD
306
OAKLAND PARK FL 33311
US

Mailing Address

2800 W OAKLAND PK BLVD
306
OAKLAND PARK FL 33311
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/08/1981

4. FEI Number

59-2184162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~BICHELE, ANNE~~
2800 W OAKLAND PARK BLVD, STE 306
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name

Felix Cruz

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PP
MILLER, RACHEL
11211 S. MILITARY TRAIL #4824
BOCA RATON FL 33430

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
LERNER, IRA
260 NW 76TH AVE. #14-208
MARGATE FL 33063

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
GROSSMAN, RANDI
7770 W. OAKLAND PARK BLVD
SUNRISE FL 33351

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD
CHAPLAN, EDITH MS.
370 NW 76TH AVENUE, #407
MARGATE FL 33063

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WB
WILSON, ANDREA MS.
321 SW 54 AVE
PLANTATION FL 33317

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
Mardene Gray
8411 W. Oakland Tr. Blvd., #201
Sunrise, FL 33351

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D
Debbie Lietzke
100 SE 3 Ave.
Ft. Lauderdale, FL 33301

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Richard Latham
4714 NW 5 Ct.
Plantation, FL 33317

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:

R. Latham REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/99

CR2E037 (5/99)