

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006328 (6)
1. Corporation Name
**HEARITE AUDIOLOGICAL HEARING AID & REPAIR CENTER
S, INC.**

Principal Place of Business 2700 E. BAY DR., STE. 201 LARGO FL 33771 US	Mailing Address 2700 E. BAY DR., STE. 201 LARGO FL 34641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date incorporated or Qualified 12/04/1996	
4. FEI Number 59-3408261		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WOLFE, LARRY 200A JOHN KNOX RD. TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT	1.1 TITLE	Secretary
NAME	ROGERS, PAULA J	1.2 NAME	Paula Rogers
STREET ADDRESS	1203 BAY PALM BLVD.	1.3 STREET ADDRESS	1203 Bay Palm Blvd -
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	1.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	CS	2.1 TITLE	
NAME	RICHARDS, GEORGE B	2.2 NAME	
STREET ADDRESS	5318 CHIPPENDALE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	CPT	3.1 TITLE	
NAME	ROGERS, PAULA J	3.2 NAME	
STREET ADDRESS	1203 BAY PALM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	FEE, DANIEL	4.2 NAME	
STREET ADDRESS	800 HICKORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Paula J Rogers
Paula J Rogers

4-29-98

813-931-6465

CR2E034 (10/97)