

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G07026** (9)

1. Corporation Name
NU-EAR HEARING AIDS, INC.



Principal Place of Business

3626 HENDERSON BLVD
TAMPA FL 33609
US

Mailing Address

3626 HENDERSON BLVD
TAMPA FL 33609
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Sub. Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SPETH STEPHEN J
2903 ESTRELLA
TAMAP FL 33614**

3. Date Incorporated or Qualified

11/01/1982

3a. Date of Last Report

02/10/1995

4. FEI Number

59-2173830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Employer/Company 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

10. Name and Address of New Registered Agent

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 607.0902 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida, each of which I am familiar with, and the provisions of Section 607.0902, Florida Statutes. I was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Stephen J. Speth

Stephen J. Speth, Pres.

1/19/96

12

OFFICERS AND DIRECTORS

TITLE

P
SPETH, STEPHEN J
2903 ESTRELLA
TAMPA FL

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

ST
SPETH, MARIAN P
1745 HITCHING POST LANE
DUNEDIN, FL 08000

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

ST Change Addition

SPETH, MARIAN P.
2561-A Royal Pine Circle
Clearwater, FL 34623

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied via 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 indicates 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 manager 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 of this form, or on an attached sheet, with an address.

SIGNATURE: *Stephen J. Speth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (813) 876-8374

DATE PRINTED

CR2E034 (12/95)