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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

H26888

(8)

DOCUMENT #

1. Corporation Name

HEARING AID & SPEECH SYSTEMS, INC.

Principal Place of Business

Mailing Address

% MICHAEL A. ANDERSON 501 NORTH BENEVA #210 SARASOTA FL 34237 % MICHAEL A. ANDERSON 501 NORTH BENEVA #210 SARASOTA FL 34237



Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  City & State  City & State  City & State  Suite, Apt. #, etc.  Fee Required  Suite, Apt. #, etc.  Fee Required  Suite, Apt. #, etc.								3. Date incorporated or Qualified 10/24/1984		e of Last Ri <b>)2/27/19</b> :	
Section   Sect	2. 21	Principal Pla	ce of Business	—							<u></u>
28	22	Suite, Apt #	, etc.	·	·			5. Certificate of Status Desired			
25	23	City & State		<b>⊢</b> ′	y 8 State			40100 may be			
9, Name and Address of Current Registered Agent		Ζip	F ** 1	F 1		ý		·		ax under s	199.032,
ANDERSON, MICHAEL 501 N. BENEVA RD. #210 SURF 210 SARASOTA FL 34237  11. Pursuant to the provisions of Socioloris 807-0592 and 607-1508, Florida Statutes, the above named corporation autimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Scalables.  SIGNATURE  12. PURSUA RD. #210 SARASOTA FL 34237  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ANDERSON, MICHAEL A. 501 N. BENEVA RD #210 SARASOTA FL  16. DELETE  16. DELETE  27. INCE 27. SINE ALDRESS  5017-51-72  16. DELETE  3. THE  16. Change Addition  47. NAME  56. I THE  57. THE  57. Change Addition  47. NAME  56. I THE  57. SIRET ALDRESS  57. SI-72  10. Change Addition  47. NAME  47. NAME  47. NAME  57. SI-72  10. Change Addition  57. NAME  57. SI-72  10. Change	24		and the control of th								<del></del>
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SOLIN BENEVA RD. #210 SURE 210	i	ANDERS	ON. MICHAFL		-	92 Phosp Address (P.O. Roy Number is Not Associable)					
SARASOTA FL 34237  11. Pursuant to the provisions of Sections 607,0502 and 607,1506. Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered diffect or registered agent, it am changing its registered office or registered agent, it is the state of ficeds such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, it am changing its registered agent. It am changing its registered agent, it am changing its registered agent, it am changing its registered agent. It am changing its registered agent, it am changing its registered agent, it am changing its registered agent. It am changing its registered agent, it am changing its registered agent. It am changing its registered agent, it am changing its registered agent. It am changing its registe							treet Address	s (P.O. Box number is not accepte	ine)		
Section   Part		SUITE 2	10		83	1					
The president to the provisions of Socions 607,0502 and 607,1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difference agent or both, in the State of Florido Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am registered age		SARAS(	TA FL 34237		84	<del>  -</del> -	City			<b>R5</b> Zir	o Code
or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of Section 607.0565, Florida Statutes.    SIGNATURE							•			<b>-</b>	
DPV	SI	familiar wit GNATURE	n, and accept the obligations o	of, Section 607.0505, Florida Statut	es.					s registered	agent. I am
NAME STREET ADDRESS CITY-ST-7P  ANDERSON, MICHAEL A. 501 N. BENEVA RD ₱210 SARASOTA FL  13 STREET ADDRESS CITY-ST-7P  THE  DELETE  21 THE  22 NAME  23 STREET ADDRESS CITY-ST-7P  THE  DELETE  31 THE  32 NAME  33 STREET ADDRESS CITY-ST-7P  THE  DELETE  41 THE  Change Addition	12	<b>≥</b> ,		RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
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			eadily that the information	applied with this files is valuate in a				the exemption stated in Continue 1.5	0.07(2)84.5	orida Stati 4	lac I further

4. 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 conforation or this 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 charges for on an anadoment with an address.

SIGNATURE:

ME AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96 813 953-4414 Date Destine Phone 9 CR2E034 (12/95