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

PROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H26888

1. Corporation	on Name				
HEARIN	G AID & SPEECH SYSTEMS,	, INC.			
	•			£ 1061011 0110 11010 01101 10101 10101 10101	6†1 61811 61 8 11 81812 61821 61811 3661
Principal Plac	e of Business	Mailing Address		3 100 1831 0110 (1010 9110) 18101 19101 1811 BII	BIL AIQU BYBYL EIBYL AIBH AIBH 1887
% MICHAEL A. ANDERSON: % MICHAEL A. ANDERSO		% MICHAEL A. ANDERSON			
501 NORTH BENEVA #210		501 NORTH BENEVA #210			
SARASOTA FL 34237 SAI		SARASOTA FL 34237		DO NOT WRITE IN THIS SPACE	
	• .			3. Date Incorporated or Qualifed	
		7		10/24/1984	·-
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H'-1-	26		59-2458544	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	·	City & State			<u> </u>
23	ie.	⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip;	Country	28 Zip	Country		
24	25		30	This corporation owes the current year Personal Property Tex.	
24	9. Name and Address of Current		501	10. Name and Address of New Registere	
	\$ 35 - 24.54.55		81 Name		<u> </u>
ANDERSON, MICHAEL		20 0	(D D D)		
501 N. BENEVA RD. #210		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	TE 210		83		
SAR	IASOTA FL 34237				
			84 City	· F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named-core	peration submits this statement for the purpose	of changing its registered
- 301 West XXIII X 115	edistered agent, or both in the State of	Florida Suich change was auf	horized by the corporation	on's board of directors. I become account the ani	nointment as registered
SAR/anaht La	m familiar with, and accent the obligation	one of Section 607 0505. Florid	da Statutes	on a board of directors. Thereby accept the app	pointificia as registered
		ons of, Section 607.0505, Florid	da Statutes.	peration submits this statement for the purpose on's board of directors. I hereby accept the ap	,
SAR/agent. I a		YVV	Registered Agent signature require	/-/->7)
	Signature, types of printed name of printed agent a OFFICERS AND	and title if applicable. (NOTE: F		/-/->7	
SIGNATURE	Signature, typeget printed name a Logisfered agent a OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require	ad when reinstating) DATE	
SIGNATURE	Signature, types of printed name of printed agent a OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require	ad when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typeget printed name d.Logisfered agent a OFFICERS AND DPV ANDERSON, MICHAEL A. 501 N. BENEVA RD #210	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typeget printed name d.Logisfered agent a OFFICERS AND DPV ANDERSON, MICHAEL A.	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATE	AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typeget printed name d.Logisfered agent a OFFICERS AND DPV ANDERSON, MICHAEL A. 501 N. BENEVA RD #210	no tile if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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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 on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90034 007 ***150.00