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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H64267 (8)

1. Corporation Name
GULF ATLANTIC HEARING AID CENTERS, INC.



Principal Place of Business
17521 DEER ISLE CRL.
P O BOX 370
KILLARNEY FL 34740

Mailing Address
17521 DEER ISLE CRL.
P O BOX 370
KILLARNEY FL 34740-0370

3. Date Incorporated or Qualified 06/27/1985
3a. Date of Last Report 01/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 421 Abbey Ridge Ct		26 421 Abbey Ridge Ct		NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 P.O. Box 370		27 P.O. Box 370		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 Ocoee, FL		28 Ocoee, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip					
24 34761		29 34761					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

LYONS, THOMAS W.
421 ABBEY RIDGE CT.
P.O. BOX 370
OCOEE FL 34761

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 607.0502 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 *Thomas W. Lyons* Thomas W. Lyons, President DATE 1-14-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	PDST
NAME	LYONS, ERNEST T.	1.2 NAME	Lyons, Thomas W.
STREET ADDRESS	17521 DEER ISLE CIRCLE	1.3 STREET ADDRESS	421 Abbey Ridge CT
CITY-ST-ZIP	KILLARNEY FL	1.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	STVP	2.1 TITLE	VP
NAME	LYONS, THOMAS W.	2.2 NAME	Joann K. Sellers
STREET ADDRESS	421 ABBEY RIDGE CT.	2.3 STREET ADDRESS	1065 9'th Ave
CITY-ST-ZIP	OCOEE FL	2.4 CITY-ST-ZIP	Mount Dora, FL 32757
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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 or on an attachment with an address.

SIGNATURE: *Thomas W. Lyons* Thomas W. Lyons, President DATE 1-14-97 (407) 859-7005

CR2E034 (9/96)