

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. DOCUMENT # H92775 (6)
Corporation Name
DELRAY HEARING AID CENTER, INC.



Principal Place of Business
5175 W ATLANTIC AVE
B
DELRAY BEACH FL 33484
US

Mailing Address
5175 W ATLANTIC AVE
B
DELRAY BEACH FL 33484-8170
US

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

3. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. Date Incorporated or Qualified
01/02/1986

5. Date of Last Report
05/01/1996

6. FEI Number
59-2637547

7. Applied For
Not Applicable

8. Certificate of Status Desired
\$8.75 Additional Fee Required

9. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

10. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

11. Name and Address of Current Registered Agent

RIPLEY, RAYMOND, JR.
235 NE 6TH AVE.
DELRAY BEACH FL 33483

12. 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

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

Signature of principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	SOLOMON, MARK	6052 PLAINS DR.	LAKE WORTH FL	<input type="checkbox"/>
D	SARETT-SOLOMON, LINDA	6052 PLAINS DR.	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Linda Sarett-Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Sarett-Solomon

Date

3/23/97

Daytime Phone

495-0708

CR2E034 (9/96)