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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 # J12304 (8)

1. Corporation Name
ALTAMONTE MALL HEARING AID CENTER, INC.



Principal Place of Business

Mailing Address

17521 DEER ISLE CIRCLE
P O BOX 370
KILLARNEY FL 34740

17521 DEER ISLE CIRCLE
P O BOX 370
KILLARNEY FL 34740-0370

3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 421 Abbey Ridge Ct

26 421 Abbey Ridge Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O.Box 370

27 P.O.Box 370

City & State

City & State

23 Ocoee, FL

28 Ocoee, FL

Zip

Country

Zip

Country

24 34761

25

29 34761

30

4. FEI Number

59-2662426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, THOMAS W
421 ABBEYRIDGE CT
OLOEE FL 34761

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 1-14-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME LYONS, ERNEST T.
STREET ADDRESS 17521 DEER ISLE CIRCLE
CITY-ST-ZIP KILLARNEY FL

1.1 TITLE PDST ☒ Change ☐ Addition
1.2 NAME Lyons, Thomas W.
1.3 STREET ADDRESS 421 Abbey Ridge Ct
1.4 CITY-ST-ZIP Ocoee, FL 34761

TITLE STV ☒ DELETE
NAME LYONS, THOMAS W
STREET ADDRESS 421 ABBEYRIDGE CT
CITY-ST-ZIP OLOEE FL

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Joann K, Sellers
2.3 STREET ADDRESS 1065 9'th Ave
2.4 CITY-ST-ZIP Mount Dora, FL 32757

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 (if changed) on an attachment with an address.

SIGNATURE *Thomas W Lyons* 1-14-97 (407) 859-7005
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0465786

CR2E034 (9/96)