

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J70899 (6)  
1. Corporation Name  
NOISE BUSTERS, INC. OF AMERICA

Principal Place of Business  
% GEORGE SELIS  
759 DERBYSHIRE ROAD  
DAYTONA BEACH FL 32114-1605

Mailing Address  
% GEORGE SELIS  
759 DERBYSHIRE ROAD  
DAYTONA BEACH FL 32114-1605

FILED  
97 AUG -8 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1987		3a. Date of Last Report 06/28/1996	
4. FEI Number 05-9280891		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		30 Country	
9. Name and Address of Current Registered Agent SELIS, GEORGE 759 DERBYSHIRE ROAD DAYTONA BEACH FL 32118			10. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SELIS, GEORGE 759 DERBYSHIRE ROAD DAYTONA BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELIS, MARK 908 OAKWOOD COVE ALTAMONTE SPRINGS FL	1.2 NAME	900002265199-7
STREET ADDRESS	SELIS, THERESA 908 OAKWOOD COVE ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	-08/12/97--01095--024
CITY-ST-ZIP	SELIS, EILEEN 759 DERBYSHIRE ROAD DAYTONA BEACH FL	1.4 CITY-ST-ZIP	***330.00 ***165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address.

SIGNATURE \_\_\_\_\_ 7/22/97

CR2E034 (4/97)

pg 2

**Beltone**

**Better Hearing Through Professional Care**

**BELTONE  
HEARING AID  
CENTER**

**VOLUSIA COUNTY**

**DAYTONA BEACH**  
759 DERBYSHIRE ROAD  
(904) 255-1409

**NEW SMYRNA BEACH**  
431 CANAL STREET  
(904) 427-2601

**DELAND**  
1246 S. WOODLAND BLVD.  
(904) 734-7286

**DELTONA**  
1200 DELTONA BLVD.  
(407) 574-3688

**SEMINOLE COUNTY**

**SANFORD**  
2201 S. FRENCH AVE.  
(407) 323-1400

**ALTAMONTE SPRINGS**  
262 ALTAMONTE SPRINGS RD.  
(407) 332-9008

**ORANGE COUNTY**

**ORLANDO**  
4131 CURRY FORD RD.  
(407) 896-3387

July 22, 1997

Department of State  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

Gentlemen:

This will serve to advise that on April 17, 1997, we had filed our Corporate Annual Reports for both Selis & Associates, Inc., and Noisebusters, Inc. The reports were filed along with our check #39625 in the sum of \$330.00.

Upon receiving a second notice on July 22, 1997, I immediately called our bank to see if the check had cleared and they advised that it had not and said that at this point it would be best to put a stop-payment on that check and issue another one.

I am now enclosing the two reports with our check #40060 in the sum of \$330.00.

We would request that you waive the late fee as we had previously filed these reports in a timely manner.

Thank you for your attention to this matter.

Sincerely  
BELTONE HEARING AID CENTER

  
Mark Selis  
V. President

MS/ps

**Beltone** 50  
CELEBRATING  
THE SOUNDS OF LIFE

SPECIALISTS IN SCIENTIFIC FITTING AND SERVICING OF HEARING SYSTEMS