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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

J72116

AUDIOLOGY AND HEARING AID CENTER, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O RICHARD-LECH G. SZNURKOWSKI 2595 HARBOR BLVD.. SUITE #103 PORT CHARLOTTE FL 33952 C/O RICHARD-LECH G. SZNURKOWSKI 2595 HARBOR BLVD.. SUITE #103 PORT CHARLOTTE FL 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1987 2. Principal Place of Business 2a. Mailing Address Applied For 59-2816278 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SZNURKOWSKI, RICHARD-LECH G. 2595 HARBOR BLVD., SUITE #103 Street Address (P.O. Box Number is Not Acceptable) 82 PORT CHARLOTTE FL 33952 83 City 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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, typed or printed name of registored agent and title if applicable (NCIT) Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 THEF Change Addition TITLE DEVLIN, DAVID L. 1.2 NAME NAME 2595 HARBOR BLVD. #103 STREET ADDRESS 1.3 STREET ADDRESS **PORT CHARLOTTE FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 2.1 TITLE **SZNURKOWSKI, RICHARD-LECH** NAME 22 NAME 2595 HARBOR BLVD. #103 STREET ADDRESS 23 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

14. Thereby 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 allow meet with an address.

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