

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:54

DOCUMENT # **L54438** (1)

1. Corporation Name

PERSONAL HEARING AID SERVICE, INC.

Principal Place of Business

Mailing Address

C/O AHMED SALAMAT
4001 E. BUSCH BLVD., STE. B
TAMPA FL 33617
US

C/O AHMED SALAMAT
4001 E. BUSCH BLVD., STE. B
TAMPA FL 33617
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1990

3a. Date of Last Report

08/01/1994

4. FEI Number

59-0183056

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. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAMAT, AHMAD
4801 E. BUSCH BLVD.
STE. B
TAMPA FL 33617

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 Statute, I am changing my registered office or registered agent, or both, in the State of Florida. Such change was with the familiar with, and accept the obligations of, Section 607.0505, Florida Statute.

Use of changing its registered office or registered agent, I am

SIGNATURE

Signature, typed or printed name of registered agent and 12a, 4 applicable.

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALAMAT, AHMAD
STREET ADDRESS 4801 E. BUSCH BLVD., #B
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DATE

12. OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 12a if changed, or on an attachment with an address.

SIGNATURE: *Ahmed Salamat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHMAD SALAMAT

1-18-95 (813) 980-3333

DATE

Telephone Number