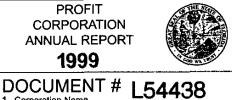
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90060 009 ***150.00

PERSONAL HEARING AID SERVICE, INC.								\$ 100010015 FOX DISSIC DISTRIBUTION (DISTRIBUTION)) 	 1 1 1)	
Principal Place	e of Business	Mai	iling Address									
C/O AHMED SALAMAT 4801 E. BUSCH BLVD. STE C 4801 E. BUSCH BLVD STE C TAMPA FL 33617 TAMPA FL 33617								DO NOT WRITE IN THIS SPACE				
US US								3. Date Incorporated or Qualifed				
								03/02/1990		,		
Principal P	lace of Business	2a.	Mailing Address					4. FEI Number	<u> </u>	<u> </u>	lied For	
21		26						65-0183056			Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required				
City & Stat	e .		City & State					6. Election Campaign Financing	\$ 5.	00 v	May Be	
23		28						Trust Fund Contribution	Add	led to	Fees	
Zip	Country	\vdash	Zip	Cou	ntry			8. This corporation owes the current year In	_	-	_	
24	25	29		30	,			Personal Property Tax.	∐ Yes		JNo	
	9. Name and Address of Current	t Regist	ered Agent		04			10. Name and Address of New Registered	Agent			
CAL	ALLAT ALLEAD				81	Name						
SALAMAT, AHMAD 4801 E. BUSCH BLVD.					82 Street Addr			ress (P.O. Box Number is Not Acceptable)				
SUITE C					83							
TAMPA FL 33617					84 City			FL	85	Zip C	ode	
	10 11 007 050	2 00	7 4500 Florida Statute	the e	<u> </u>		Loomo	ration submits this statement for the purpose of		n its n	enistered	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida	a. Such change was at	uthonzed	i by i	the corp	ocation	alion submits this statement for the purpose of a board of directors. I hereby accept the appo	intment a	is regi	stered	
SIGNATURE												
	Signature, typed or printed name of registered agent				Agen	nt signature	required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIDE	CTOE	OC IN 40	
12.	OFFICERS ANI	D DIREC	☐ DELETE	13.			1	ADDITIONS/CHANGES TO OFFICERS A	Cha		Addition	
TITLE	PD			1.1 TF						··go		
NAME	SALAMAT, AHMAD			1.2 NA								
STREET ADDRESS	4801 E. BUSCH BLVD. STE C					ADDRESS	·					
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NAME				2.2 N/							ł	
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NAME				4.2 N			.[Ì	
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NAME						TADORESS					ĺ	
STREET ADDRESS	1			0.00	اعتنان	· UPPICA	. 1					

CITY-ST-ZIP 14. I 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 appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: