

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L55044** (6)

1. Corporation Name

SOUTH FLORIDA HEARING AID SERVICE, INC.



Principal Place of Business

Mailing Address

**1402 N STATE RD 7
MARGATE FL 33063**

**1402 N STATE RD 7
MARGATE FL 33063**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DEPACE, MARY G
8939 N.W. 27TH ST.
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

03/06/1990

3a. Date of Last Report

08/11/1995

4. FEI Number

65-0177799

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

10. Name and Address of New Registered Agent

81 Name

MICHAEL SCHIPANI

82 Street Address (P.O. Box Number is Not Acceptable)

17807 CROOKED OAK

83

84 City

BOCA RATON

FL

85 Zip Code

33487

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

MICHAEL SCHIPANI PRESIDENT

8-1-96

(DATE)

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P DEPACE, MARY G.**
STREET ADDRESS **8939 NW 27TH ST**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ DELETE

NAME **S DEPACE, JOSEPH L.**
STREET ADDRESS **8939 N.W. 27TH ST.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ DELETE

NAME **T DEPACE, DANIEL J.**
STREET ADDRESS **2544 N.W. 95TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE **P**
12 NAME **MICHAEL SCHIPANI**
13 STREET ADDRESS **17807 CROOKED OAK**
14 CITY-ST-ZIP **BOCA RATON, FL 33487**

☒ Change ☐ Addition

21 TITLE **V**
22 NAME **LISA SCHIPANI**
23 STREET ADDRESS **17807 CROOKED OAK**
24 CITY-ST-ZIP **BOCA RATON, FL 33487**

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ 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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SCHIPANI

8-1-96

(954) 970-4333

(Typed Print Name)