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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATUR



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M74009

(5)

Mailing Address

HEARING AID CENTERS OF AMERICA, INC.

6751 SW 13 ST 6751 S.W. 13TH STREET PEMBROKE PINES FL 33023 US		6751 SW 13TH ST 6751 S.W. 13TH STREET PEMBROKE PIMES FL 33023-2051 US		·				
				3. Date Incorporated or Qualified 03/28/1988 3a. Date of Last Report 04/18/1996		Report		
	ace of Business	2a. Mailing Address	- T		4. FEI Number		pplied For	
	lauren Drive	26 133 Lourer	ノセ	LIDE	65-0046776		ot Applicable	
Suite, Apl. #, clc.		Suite, Apt #, etc 27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 India		28 Indian Trail, N.C.		Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip	Country	/	This corporation has liability for in			
24 28079 25 USA 29 28079 30 9. Name and Address of Current Registered Agent				A	Florida Statutes XYes No 10. Name and Address of New Registered Agent			
SMITH, DONALD C.				Name				
6751 S.W. 13TH STREET				Street Add	dress (P.O. Box Number is Not Acceptab	le)		
PEM		82			····			
			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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or pair to crame of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE OUTER DATE								
12.	OFFICERS AND		13.	en signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
7/11 F	DPT	☐ DELETE 1.1				Change	Addition	
Name			1.2 NAME					
STREET ADDRESS	6751 S.W. 13TH STREET		1.3 STREET	ADDRESS				
CHY-SI-ZP			1.4 CITY - S	ST-ZIP				
TITLE	=		21 TITLE			Change	Addition	
NAME	SMITH, LINDA F.		22 NAME					
STREET ADDRESS	6751 S.W. 13TH STREET PEMBROKE PINES FL			ADDRESS				
CITY-S1-7/P	remonune rines re	DELETE	2 4 CITY-ST-ZIP 31 TITLE			Change	Addition	
THEF		L DECEIE	32 NAME			L. Change	L.J ADUIIION	
STREET ADDRESS				T ADDRESS				
CHTV-SL-7P			34, C/TY-	1				
TilleF			4 1 TITLE	5, 2,,		Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY+ST ZIP			4.4 CITY - 5	ST-ZIP				
TITLE		☐ DELETE	5.4 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
(CHY+S1+76)	The state of the s	T Serve	5.4 CITY-S	ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		[]] DELETE	6 1 TITLE			Change	Addition	
NAME:			6.2 NAME					
STREET ADDRESS				T ADDRESS	<u>:</u>			
14 Ldo heret	av pertify that the information supplied	with this tunn does not qualify	6.4 CITY -:		ed in Section 119.07(3)(i), Florida Statute	I further certify the	t the	
informatio Lam an o	in indicated on this annual report or su	pplemental annual report is true he receiver or trustee empower	e and acc ed to exec	urate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made u	nder oath; that	