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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M94276 1. Corporation Name

ROYAL PALM HEARING AID CENTER OF DEL MAR, INC.

			•								
Principal Place	e of Business	Mailing Ad	dress				-	D 0 13   12   3   1   1   0   0   1   1   1   1   1   1		A31 A1711 B1211 A1811	AIRIT BIBIT (AA)
7072 BERACASI BOCA RATON I		7072 BERACASA WAY BOCA RATON FL 33433 US				DO NOT W	/RITE IN T	HIS SPACE			
03		00					3. Date Inco	orporated or Qualif	ed	<u> </u>	
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Num 65-006	ber			pplied For ot Applicable
Suite, Apt. #, etc.		Suite, /	Suite, Apt. #, etc.					of Status Desired		•	Additional equired
City & State		City &	City & State					Campaign Financind Contribution	ng 🗀		May Be to Fees
Zip	Country	Zip 29		Count	try	•		oration owes the o	urrent yea	r Intangible	□No -
	9. Name and Address of Current			T			10. Name ar	d Address of Ne	w Register	red Agent	
				18	B1	Name					
	KOWITZ, SONDRA B 2 BERACASA WAY			8	B2	Street Addre	ess (P.O. Box N	umber is Not Acce	eptable)		
BOC	A RATON FL 33433			1	B3		<del></del>				
				8	84	City				85 Zip	Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such	ı change was aut	thorized t	by th	-named corpo he corporatio	oration submits on's board of dire	this statement for tectors. I hereby ac	the purpos cept the a	e of changing it ppointment as r	s registered egistered
SIGNATURE						<del>, ,</del>			DATE	<del></del>	
	Signature, typed or printed name of registered agent			<del> </del>	gent s	signature required	when reinstating)	IS/CHANGES TO	DATE		ORS IN 12
12.	OFFICERS ANI			13.		signature required		IS/CHANGES TO		AND DIRECT	
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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 address, with all other like empowered.

SIGNATURE:

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90118 047 \*\*\*150.00