FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

HEARING RESEARCH INSTITUTE, INC.

										
Principal Place of Business		Mailing Address			I CORNEGO REP INIDE IRIQUIDATE (CON)	1141 VIVII V I	11 SZMIL BIRZI OL	#16 #3#66 P##£		
C/O INTRASTATE REGISTERED AGENT CORP. C/O INTRASTATE REGIS 6280 SUNSET DR. STE.405 6280 SUNSET DR. STE.4 SOUTH MIAMI FL 33143-4860 SOUTH MIAMI FL 33143-			5							
						3. Date Incorporated or Qualified 06/29/1990		te of Last Ro 02/07/19		
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0222793	Applied For Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zıp	Cou	ntry		8. This corporation has liability for			199.032,	
24	25	29	30				Yes _			4
	9. Name and Address of Current	r wahisteten Ağaut		B1	Name	10. Name and Address of New Re	Bisseleg 1	-geni		\dashv
11 170 4 67	ATT DECIDITION ADELIT CODE	ODATION	1							
	'ATE REGISTERED AGENT CORP IRDEN BOULEVARD	OKATION	- {	82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)			-
	ND FL 33803		ŀ	83	 -					1
שיייייייייייייייייייייייייייייייייייייי	10 1 2 00000		j	24	04.			"Taal" 3:- /	<u> </u>	4
			-	84	City		FL	85 Zip (-00e	1
office or re	to the provisions of Sections 617.0502 agistered agent, or both, in the Slate m familiar with, and accept the obliga	of Florida. Such change was a	authorized	d by I	the corporati	oration submits this statement for the prior's board of directors. I hereby acception's	ourpose of of the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ager				 .				·	}
12,	OFFICERS AND			Registered Agent signature requi		ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	S IN 12	4
TITLE	D	DELETE	1.1 TITLE					Change	Addition	
NAME	MCFARLAND, RICHARD 1.2		1,2 NA	1,2 NAME						Į,
STREET ADDRESS	25601 S.W. 130TH AVE.		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	PRINCETON FL		1.4 CITY - ST - ZIP		-ZIP					_ 6
TITLE	D	DELETE	2.1 ТЛ					Change	☐ Addition	1
NAME	DIAMOND, BARRY			2.2 NAME						1
STREET ADDRESS	2650 S.W. 27TH AVE.		1	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						ł
CITY-ST-ZIP TITLE	MIAMI FL.	DELETE	3.1 Til		1-ZIP			Change	Addition	4
NAME	PICKARD, ROBERT		3.2 NA)					ì
STREET ADDRESS	6280 SUNSET DRIVE, STE. 40	05	3.3 STREET		ADDRESS					ł
CITY-ST-ZIP				3.4. CITY - ST - ZIP						1
TITLE	- <u>, , , , , , , , , , , , , , , , , , ,</u>	DELETE	4.1 TITLE					Change	Addition	7
NAME			4 2 N	AME	{					
STREET ADDRESS	s		4.3 \$1	4.3 STREET ADDRESS						
CATY-ST-ZIP		- I be ove	4.4 CITY-5		- ZIP			17 6		1
TITLE		DELETE	5.1 TII					☐ Change	Addition	
NAME			5.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CI 6.1 Tri	TY-ST	- 2117			Change	Addition	-

6.2 NAME

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 I than an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 29 1997 8:00am

Secretary of State