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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48633 (4)
1. Corporation Name
EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.



Principal Place of Business 4319 EHRlich RD. TAMPA FL 33624 US	Mailing Address 4319 EHRlich RD. TAMPA FL 33624 US
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3. Date incorporated or Qualified 04/30/1992	
4. FEI Number 87-0474198	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent KOSTROSKI, LOIS 4319 EARLICH ROAD TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SMALDINO, JOE	<input type="checkbox"/> DELETE
NAME	SMALDINO, JOE	
STREET ADDRESS	810 WESTBOROUGH RD	
CITY-ST-ZIP	WATERLOO IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, KAREN	
STREET ADDRESS	15810 121ST AVE CT E	
CITY-ST-ZIP	PUYALLUP WA	
TITLE	ENGLISH, KRIS	<input type="checkbox"/> DELETE
NAME	ENGLISH, KRIS	
STREET ADDRESS	441 MOORE HALL	
CITY-ST-ZIP	MT. PLEASANT MI 48859	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	REDMOND, BEA	
STREET ADDRESS	3625 CRESCENT PARK BLVD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	SMALDINO, JOE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	SMALDINO, JOE		
1.3 STREET ADDRESS	2329 MINNETONKA DR		
1.4 CITY-ST-ZIP	DEAR HILLS IA 50513		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	MATTIOLI, GARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	MATTIOLI, GARY		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	BARBARA MURRAY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA MURRAY		
4.3 STREET ADDRESS	2 N. EVANSTON		
4.4 CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60004		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/10/98** 813/968-7640

CR2E037 (10/97)