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Jul 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000000957 (7)

Corporation Name

HEAR O (SREAL, INC.



Principal Place of Business

Mailing Address

201 SO. BISCAYNE BLVD., 1970 MIAMI CENTER
KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
MIAMI FL 33131

201 SO. BISCAYNE BLVD., 1970 MIAMI CENTER
KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
MIAMI FL 33131

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

21 1280 S.W. 177 TERR
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 1700
City & State
23 Pembroke Pines FL

27 1700
City & State
28

24 33029
Zip
25 Broward
Country

29
Zip
30
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESAL, MICHAEL B
201 SO. BISCAYNE BLVD., 1970 MIAMI CENTER
MIAMI FL 33131

WESLEY SAMPSON
1280 S.W. 177 TERR
Pembroke Pines FL 33029

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized by 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: *Wesley Sampson* 4/24/98 6/20/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Wesley SAMPSON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	1280 S.W. 177 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines FL 33029	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN CHIN LOY	2.2 NAME	
STREET ADDRESS	9730 SW 219 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33190	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES CONDELL	3.2 NAME	
STREET ADDRESS	12504 S.W. 114 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Wesley Sampson* 4/24/98 305 789-2860

CR2E037 (10/97)