SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 26 1998 8:00am Secretary of State

1 Correctation	INEN I	# N97000	0003301 (5)		
FLORIDA ACADEMY OF AUDIOLOGY, INC.					
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Principal Plac	ce of Busines	S	Mailing Address		
1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426			1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426		3. Date Incorporated or Qualified 06/09/1997
					4. FEI Number 164913 Applied For Not Applicable
2. Principal P	Place of Busin	ness	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21 Suite Ant	# etc		Suite, Apt. #, etc.		Fee Required
Suite, Apt. #, etc.			27		Election Campaign Financing Trust Fund Contribution Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?
23			28		☐ Yes 😾 No
Zip		Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name	and Address of Curre	nt Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
ļ ————		<u></u>		81 Name	To. Harris and Pedisons of Host Rogarding Agent
SEDERHO)LM, STEVE	N D		82 Street	Address (P.O. Box Number is Not Acceptable)
		EACH BLVD		J. Silver	Addition (F.O. DOX Millipel to NOT Acceptable)
BOYNTON	I Be ach Fi	_ 33426		83	
ĺ				84 City	85 Zip Code
44 5	to the manufacture		1		
office or re	egistered age	ons of sections of 7.0502 ont, or both, in the State	of Florida. Such change was	es, the above-hamed co authorized by the corpo	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
		n, and accept the obliga	itions of, section 617.0503, F	lorida Statutes.	
					t ·
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signatu	re required when reinstating) DATE
12.	Signature, typed		nt and title if applicable. ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	Signature, typed			13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P '' D'' Change Addition
12. TITLE NAME	Signature, typed		ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P Change Addition Marc R. Trychel
12. TITLE NAME STREET ADORESS	Signature, typed		ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P "D" Change Addition Marc R. Trychel 1108 W. Dixie Ave.
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed		ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P "D" Change Addition Marc R. Trychel 1108 W. Dixie Ave. Leesburg, FL 34748
12. TITLE NAME STREET ADORESS	Signature, typed		ND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P "D"
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6.4 CITY-ST-ZIP South Miami, FI, 33143

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 trustane 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 wilt an address.

7/21/98

(561)734-5969

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). CONTINUED FROM PAGE ONE NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N9700003301 (5) FLORIDA ACADEMY OF AUTIOLOGY, INC. Principal Place of Business Mailing Address 1403 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33426 1403 W BOYNTON BEACH BLVD 3. Date incorporated or Qualified **BOYNTON BEACH FL 33426** 06/09/1997 **FEI Number** Applied For 65.0764 Not Applicable Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zlp Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEDERHOLM, STEVEN D Street Address (P.O. Box Number is Not Acceptable) 1403 W BOYNTON BEACH BLVD 83 **BOYNTON BEACH FL 33426** 84 City 85 Zip Code 11. Pursuant to the provisions of sections 817.0502 and 817.1508, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE Change Addition DELETE NAME 1.2 NAME Sharon S. Rophie STREET ADDRESS 1.3 STREET ADDRESS 32672 US 19 N. CITY-ST-ZIP 1.4 CITY-ST-ZIP Palm Harbor, FL 34684 TITLE 2.1 TITLE DELETE Change Addition. NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.5 TITLE DELETE Change Addition NAME 4,2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 13 if changed, or on an attact mept with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Sederholm

7/21/98

Date

(561)734-5969

Dayline Phone #