


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 13, 1999 8:00 am**  
**Secretary of State**

08-13-1999 90012 005 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000006286</b>					
1. Corporation Name <b>THE ONE EAR SOCIETY, INC.</b>					
Principal Place of Business 3032 ALLAMANDA ST. COCONUT GROVE FL 33133			Mailing Address 3032 ALLAMANDA ST. COCONUT GROVE FL 33133		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number EIN 65-0893582	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WINDISCH, ANNAMARIA 3032 ALLAMANDA ST. COCONUT GROVE FL 33133			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE T/DANN GORDON BERNSTEIN					
1.2 NAME 3102 Jackson Ave					
1.3 STREET ADDRESS Coconut Grove FL 33133					
1.4 CITY-ST-ZIP					
2.1 TITLE V/DGUDRUN NAPP					
2.2 NAME 260 CRANDON BLVD # 18					
2.3 STREET ADDRESS KEY BISCAYNE FL 33149					
2.4 CITY-ST-ZIP					
3.1 TITLE D DONNA SWEENEY					
3.2 NAME 2000 S Bayshore Dr					
3.3 STREET ADDRESS Coconut Grove 33133					
3.4 CITY-ST-ZIP					
4.1 TITLE D MARC DUKS					
4.2 NAME 3280 MATHILDA					
4.3 STREET ADDRESS Coconut Grove 33133					
4.4 CITY-ST-ZIP					
5.1 TITLE D PAUL FURMAN					
5.2 NAME 615 PUERTA AVE					
5.3 STREET ADDRESS Coral Gables 33143					
5.4 CITY-ST-ZIP					
6.1 TITLE D Julie Marie Fuller					
6.2 NAME 5750 Sunset Dr					
6.3 STREET ADDRESS S. Miami 33143					
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)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE *Annamaria Windisch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)