

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12636** (7)
1. Corporation Name
MICRO AUDIOMETRICS CORPORATION

Principal Place of Business
2200 S. RIDGEWOOD AVE.
U.S. #1
SOUTH DAYTONA FL 32119-3018

Mailing Address
2200 S. RIDGEWOOD AVE.
U.S. #1
SOUTH DAYTONA FL 32119-3018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	
21		26		4. FEI Number 02-0355307	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29		30	

9. Name and Address of Current Registered Agent

KELLER, KATHLEEN A.
2200 SOUTH RIDGEWOOD AVENUE
U.S. HIGHWAY #1
SOUTH DAYTONA 32119-0018

10. Name and Address of New Registered Agent

81	Name	Jason Keller
82	Street Address (P.O. Box Number is Not Acceptable)	2200 S. Ridgewood Ave.
83		
84	City	South Daytona
85	Zip Code	FL 32119-3018

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jason R. Keller
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JAMES E.	1.2 NAME	James E. Keller
STREET ADDRESS	207 S. BRIGHTON DRIVE	1.3 STREET ADDRESS	185 Brown School Gap Road
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Murphy, NC 28906
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, KATHLEEN A.	2.2 NAME	Kathleen A. Keller
STREET ADDRESS	207 S. BRIGHTON DRIVE	2.3 STREET ADDRESS	185 Brown School GAP Rd.
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	Murphy, NC 28906
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, THOMAS	3.2 NAME	
STREET ADDRESS	4607 BARNACLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JASON	4.2 NAME	Jason Keller
STREET ADDRESS	835 LAKELAND DR	4.3 STREET ADDRESS	207 N. Brighton Dr.
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, MONICA L.	5.2 NAME	Monica L. Keller
STREET ADDRESS	835 LAKELAND DRIVE	5.3 STREET ADDRESS	207 N. Brighton Dr.
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Monica L. Keller **REQUIRED**

1-7-98 904-788-9331

CR2E034 (10/97)