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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 **DOCUMENT #**

DIVISION OF CORPORATIONS P93000018840 (7)

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	FI ORIDA	HEARING AIDS	INC

Principal Place of Business Maling Address 2072 E EDGEWOOD DR 2072 E EDGEWOOD DR LAKELAND FL 33803 LAKELAND FL 33803 3. Date Incorporated or Qualified 03/05/1993



3a. Date of Last Report

22. Mailing Address 25. Mailing Address 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. Suite, Apt. #, etc. 29. City & State 20. City & State 21. City & State 22. Country 23. Zip 24. Zip 25. Zip 26. Country 28. This corporation has liability for intangible tax under s 199.032, Florida Statutes 29. Name and Address of Current Registered Agent BECKNER, SUSAN 2072 E EDGEWOOD DR LAKELAND FL 33803 20. Mailing Address 30. Suite, Apt. #, etc. 30. Suite, Apt. #, etc. 31. 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 of or registered agent, or both, in the State of Florida, Such change was authorized by the corporation benefit of status this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida, Such change was authorized by the corporation benefit of status this statement for the purpose of changing its registered of status benefit of status described in the State of Florida, Such change was authorized by the corporation benefit of status this statement for the purpose of changing its registered of status benefit of status described in the State of Florida, Such change was authorized by the corporation benefit of status the statement for the purpose of changing its registered of status and status the statement for the purpose of changing its registered of status and statu
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24 25 29 30 S. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent BECKNER, SUSAN 2072 E EDGEWOOD DR LAKELAND FL 33803 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code
BECKNER, SUSAN 2072 E EDGEWOOD DR LAKELAND FL 33803 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Value 84 City Florida Statutes Yes No 10. Name and Address of New Registered Agent 85 Name 86 Street Address (P.O. Box Number is Not Acceptable) 87 Value 88 Value 88 Value 89 Value 80 Va
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Electric Statute than the
The Fursion to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above paged corporation subside 455 at a section of the provision of the
or registered agont, 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
Signature, typed or printed name of registered agent and title if applicable. INOTE Registered Agent signature required when reinstalling) [IATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change Addition
AATA F PAARIJAAA BA
LAME AND EL GOOD
7015
Change Addition
ANTA E EDARMANA AN
LAVELAND EL ANDRES
24 (111-51-212)
Change Addition
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G.2 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149 City in the company of the exemption stated in Section 149 City in the company of the exemption stated in Section 149 City in the company of the exemption stated in Section 149 City in the exemption stated in the section 149 City in the exemption stated in the section 149 City in the exemption 149 City in the e

certify that the information supplied with this fairing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan Beckner 4/20/96 941.667.3955