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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018840 (7)

FLORIDA HEARING AIDS, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			r individat vim salad eriet dites daris anni baint stads iben i divi asazi nasi jadi		
2072 E EDGEWOOD DR LAKELAND FL 33803		2072 E EDGEWOOD DR LAKELAND FL 33803-3640	2072 E EDGEWOOD DR LAKELAND FL 33803-3840					
							ate of Last Report 25/1996	
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26			59-3168640	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	28		Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Cou	Country		8. This corporation has liability for intangible	e tax under s. 199.032,	
24	25	29	30				□ No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
BECKNER, SUSAN 2072 E EDGEWOOD DR LAKELAND FL 33803				81	1 Name			
				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
				83				
				B4	City	FL	85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607, registered agent, or both, in the S im familiar with, and accept the ol	0502 and 607 1508, Florida Stati tate of Florida. Such change was bligations of, Section 607.0505, F	utes, the a s authorize lorida Sta	bove d by tutes	e-named cor the corpora	poration submits this statement for the purpose tition's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE	Signarius Typud or prins dinome of registores	d agent and title if sopil cable (NC	DTE: Registere	d Age	int signature requ	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TiTuE	D	DELETE	1.1 T	1.1 TOTLE			☐ Change ☐ Addition	
NAME	BECKNER, SUSAN		12 N	AME	}			
STREET ADDRESS	2072 E EDGEWOOD DR		138	TAEET	ADDRESS			
CITY OF 710	LAKELAND FL 33803		140	ITV. C	מול ז			

2.1 TITLE

22 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. City-St-Zip

4.3 STREET ADDRESS

5.3 STREET ADDRESS

54 CiTY-ST-ZiP

4.4 CITY-ST-ZIP

2. 4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

14. I do 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:

THILE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-SI-ZIE

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

BECKNER, ROBERT L

LAKELAND FL 33803

2072 E EDGEWOOD DR

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

DELETE

DELETE

1-17-97

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Jan 29 1997 8:00am

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Secretary of State