

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000023341 (9)

1. Corporation Name

ASSISTIVE LISTENING SYSTEMS, INC.



Principal Place of Business

Mailing Address

2699 COLLINS AVE., SUITE 127  
MIAMI BEACH FL 33140

2699 COLLINS AVE., SUITE 127  
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

DUNNING, BRIAN K.  
1540 MERIDIAN AVENUE #3-E  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified  
03/26/1993

3a. Date of Last Report  
05/11/1995

4. FEI Number  
65-0398224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability or intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name BRIAN K. DUNNING  
82 Street Address (P.O. Box Number is Not Acceptable) 2699 COLLINS AVENUE  
83 SUITE 127  
84 City MIAMI BEACH, FL 85 Zip Code 33140

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 *Brian K. Dunning* BRIAN K. DUNNING - DPTS

JANUARY 20, 1996

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE DPTS	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME DUNNING, BRIAN K	1.2 NAME
3. STREET ADDRESS 1540 MERIDIAN AVENUE #3-E	1.3 STREET ADDRESS 2457 COLLINS AVENUE #1001
4. CITY - ST - ZIP MIAMI BEACH FL	1.4 CITY - ST - ZIP MIAMI BEACH, FL 33140
5. TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY - ST - ZIP	2.4 CITY - ST - ZIP
9. TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY - ST - ZIP	3.4 CITY - ST - ZIP
13. TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY - ST - ZIP	4.4 CITY - ST - ZIP
17. TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY - ST - ZIP	5.4 CITY - ST - ZIP
21. TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY - ST - ZIP	6.4 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 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 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: *Brian K. Dunning* BRIAN K. DUNNING - DPTS JAN 20 1996 305-531-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)