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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000027227 (6)

DOCUMENT # 1. Corporation Name

HEARING ADVICE BY MARGARET, INC.

Mailing Address Principal Place of Business



1907 LA GRANDE DRIV E Dimedin Fl 04 698		DUNETAL PE 24890			D. D. Last Donor
				 Date Incorporated or Qualified 04/12/1993 	3a. Date of Last Report 03/28/1995
2. Principal Pla	on of Business	2a. Mailing Address		4. FEI Number	Applied For
	Midden Hills Dr.	26 8157 Hidde	n Hills Dr.	59-3214399	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Spring	g H111, Fl.	28 Spring Hil	1, F1.	Trust Fund Contribution 8. This corporation has liability for	
Ζφ	Country	- · · · · · · · · · · · · · · · · · · ·	h	Florida Statutes Ves	No No
24 34606	25 Hernando	29 34606	30 Hernando	10. Name and Address of New F	
	9. Name and Address of Curre	ent Registered Agent	81 Name		
			l 1	RAMANT, Margaret M.	(le)
	t, margaret m		82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ne)
	CGRANDE DRI VE		83		
DUNED	IN FL 34698		33	8157 Hidden Hills Dr	
			84 City	Spring Hill,	Fi 85 Za Code 34606
					rnose of changing its registered office
11. Pursuant f or register familiar wi	to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and accept the obligations of. Se	orida. Such change was authorication 607.0505, Florida Statute	zed by the corporation's bi	poration submits this statement for the pu pard of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE	Styriature, typical or printed name of registered aye	ert and the diappirostic (N	iOT . Trays area Agent signature req	ured when repstaling)	DATE SIDE OTO DO INLES
12.	OFFICERS A	ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12 **T Change
TITLE	D	☐ DELETE	1 1 TIFLE	D CARRIES C	Lilange
NAME	RAMANT, GABRIEL G		1 2 NAME	RAMANT, GABRIEL G.	
STREET ADDRESS	1007-LA GRANDE DRIVE		1.3 STREET ADDRESS	8157 Hidden Hills Dr	
CHTY - ST - ZIP	DUNEDIN FE 37598		1.4 CITY - ST - ZIP	DPILLIE HELL	506 ▼ Change
TITLE	D	DELETE	2 1 TITLE	D	A charge
NAME	RAMANT, MARGARET M			RAMANT, MARGARET M.	
STREET ADDRESS	1907 LA GRANDE DRIVE		2.3 STREET ADDRESS	8157 Hidden Hills Dr	
CiTY-ST-Z-P	DEMEDIN-FL 34898		2 4 CITY - ST - ZIP	Spring Hill, Fl. 346	U6 ☐ Change ☐ Addition
TITLE		DELETE	3 1 TITEE		U tange U visanen
NAME.			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY-ST-ZIF		☐ Change ☐ Addition
TITLE		☐ DELETE	e 4 1 TULLE		El comile.
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-S1-ZIP			4.4 CiTY - ST - Z:P		Change Addition
TITLE		☐ DELFTE	5 1 till.F		_ stands
NAME			5 2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIF		P14 7-1	5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6 1 TITLE		C Glange C Addition
	1		6.2 NAME	1	
NAME					
NAME STREET ADDRESS	s		63 STREE! ADDRESS		

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 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 certify that I am an officer or director of the corporation or the receiver or trustree 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

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