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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076935

1. Corporation Name
AMP EAR ELECTRONICS, INC.



Principal Place of Business: 903 N MONROE ST, TALLAHASSEE FL 32303, US
Mailing Address: 325 JOHN KNOX RD, SUITE D-100, TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
4. FEI Number: 59-3208720
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 owes the current year Intangible Personal Property Tax: [x] Yes [] No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 903 N. MONROE ST.
22 Suite, Apt. #, etc.: []
27 Suite, Apt. #, etc.: []
23 City & State: []
28 TALLAHASSEE FL
24 Zip: [] 25 Country: []
29 Zip: [] 30 USA

9. Name and Address of Current Registered Agent
FULLER, BENJAMIN R
325 JOHN KNOX RD
SUITE D-100
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): 1430 Denholm Drive
83 []
84 City: Tallahassee FL 85 Zip Code: 32312

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: [Signature] DATE: 1/4/99
(NOTE: Registered Agent signature required when reinstating)

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD STANLEY, BARBARA R, 1485 TERRACE ST, TALLAHASSEE FL.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include TITLE, NAME, STREET ADDRESS, 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, with all other like empowered.

SIGNATURE: [Signature] BARBARA R. STANLEY MARCH 8, 1999 (850)222-3902

CR2E034 (11/98)