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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000079439

HEAR-TRONICS INTERNATIONAL INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90056 004 ***150.00



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Principal Place	e of Business	Mailing Addre	ess		T LOBITORI TIM LATAN TIETE MOTE MAILT MAILT MA	III 18818 IBHII BHUI		
7972 A LEXINGTON CLUB BLVD. 7972 LEXINGTON CLUB BLV DELRAY BEACH FL 33446 DELRAY BEACH FL 33446						,		
US US					DO NOT WRITE IN THIS SPACE			_
					3. Date Incorporated or Qualifed 11/12/1993 .	Yes and		
2. Principal P	Place of Business	2a. Mailing A	ddress		4. FEI Number	Ap	plied For	1
21		26			65-0504209	No	t Applicable	1 8
Suite, Apt.	#, etc.	Suite, Apt	#, etc			\$8.75	Additional] 🐔
22	•	27		* •	5. Certifcate of Status Desired	Fee Re	equired	
City & Stat	te	City & Sta	ate		6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	Co	untry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre		nt	I	10. Name and Address of New Registere	d Agent		1
010		\$36000 (11) [15]		81 Name			. , ,	
GASOI, MILTON A				82 Street Add	et Address (P.O. Box Number is Not Acceptable)			
	9-B LEXINGTON CLUB BVLD	٠.			The second secon			
UELI	RAY BEACH FL 33446			83	· · · · · · · · · · · · · · · · · · ·			
	•			84 City	1	. 85 Zip (Code	1
					F			
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	502 and 607.1508, Fi te of Florida: Such ch gations of: Section 60	lorida Statutes, the a nange was authorize 07.0505, Florida Sta	above-named cor ad by the corporat tutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its cintment as re	registered gistered	
SIGNATURE	. ,		•					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registere	ed Agent signature requir	red when reinstating) DATE			l a
12.	. OFFICERS A	AND DIRECTORS	13	_	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Ιö
14.				· · · · · · · · · · · · · · · · · · ·	ADDITIONO/OF ANTOLOTIC OF THE CONTROL			1 2
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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 trassee 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.

561-495-9898 Daytime Phone #