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

**PROFIT CORPORATION ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000013529 (0)

AUDITORY ASSOCIATES OF FLORIDA, INC.

**FILED** Apr 30 1998 8:00am Secretary of State

Principal Plac	e of Business							
1619 PERIWIN	WIF WAY							
SUITE 101	WILL THE	1619 PERIWINKLE WAY SUITE 101						
	AND FL 33957	SANIBEL ISLAND FL 33957		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualified				
2 Principal P	Place of Business	2a. Mailing Address		02/14/1994  4. FEt Number Applied For				
376	EAST GULF DR	Maining Address	ox 595	- 4. FEI Number Applied For				
Suite, Apt.		Suite, Apt #, etc.	UX B/J	CO 7E A JAN I				
22		27		5. Certificate of Status Desired Fee Required				
City & Stat	e	City & State		Election Campaign Financing \$5.00 May Be				
<b>23</b> Zip	Country	26	0	Trust Fund Contribution Added to Fees				
24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible				
24	9. Name and Address of Current	Registered Agent	0	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
1/4		Manager Agent	81 Name	10, name and Address of New Registered Agent				
	SH, JOHN G JR							
L	83 BUNTING LANE		82 Street Ad					
SA	NIBEL FL 33957		325 EAST GULF DRIVE					
			83					
			84 City	FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Elorida Statutes	, the above-named co	prporation submits this statement for the purpose of changing its registered				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Elorida 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, typed or printer name of resistered agent	and title if accommon Marcon I	Hegister#O Agent signayare req					
12.	OF FICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Р	☐ DELETE	1.1 TITLE	Change Addition				
NAME	VASH, JOHN G. JR.		1.2 NAME	<b></b>				
STREET ADDRESS	1663 BUNTING LANE		1.3 STREET ADDRESS	325 EAST GULF DRIVE				
CITY+ST-ZIP	SANIBEL ISLAND FL		1.4 CITY-ST-ZIP					
TITLE	VPCS	DELETE	21 TITLE	Change Addition				
NAME	VASH, TRACY A							
STREET ADDRESS	1863 BUNTING LANE		2.3 STREET ADDRESS	325 EAST GULF DRIVE				
CITY-ST-ZIP	SANIBEL ISLAND FL		2. 4 CITY - ST - ZIP					
TITLE		☐ DELETE	3.1 TITLE	Change Addition				
RAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	ļ				
CITY+ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE	Change				
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY - ST - ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 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 13 if changed, or on an atjactment with an address.