

**ANNUAL REPORT  
1995**

**Division of Corporations  
Secretary of State**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:40**

**DOCUMENT # P94000025914 (0)**

1. Corporation Name  
**HEARING TECHNOLOGIES, INC.**

Principal Place of Business      Mailing Address  
**8551 W SUNRISE BLVD  
STE 303  
PLANTATION FL 33322**      **8551 W SUNRISE BLVD  
STE 303  
PLANTATION FL 33322**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified      3a. Date of Last Report  
**04/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0485038</b>		Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**WOLAVER, KNOX J JR  
8551 W SUNRISE BLVD  
STE 303  
PLANTATION FL 33322**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLAVER, KNOX J JR	12 NAME	
STREET ADDRESS	4026 INVERRARY BLVD #1816	13 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33319	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, JOYCE E	22 NAME	<b>SD Hancock, Joyce E</b>
STREET ADDRESS	4026 INVERRARY BLVD #1816	23 STREET ADDRESS	<b>404 NW 68th Ave #311</b>
CITY - ST - ZIP	LAUDERHILL FL 33319	24 CITY - ST - ZIP	<b>Plantation, FL 33322</b>
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KRIS K	32 NAME	
STREET ADDRESS	4814 SW 30TH WAY	33 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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. 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: *Knox J. Wolaver, Jr.*      **Knox J. Wolaver, Jr., Pres.**      3-28-95      (305) 452-2885