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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000045631**

Country

9. Name and Address of Current Registered Agent

25

8411 W OAKLAND PARK BLVD

ENTIN, RICHARD C

SUNRISE FL 33351

1. Corporation Name

HEARING ASSOCIATES, INC.

Principal Place of Business
5457 N FEDERAL HWY
FT LAUDERDALE FL 33308

Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

2a.

26

27

28

29

5457 N FEDERAL HWY FT LAUDERDALE FL 33308

Mailing Address

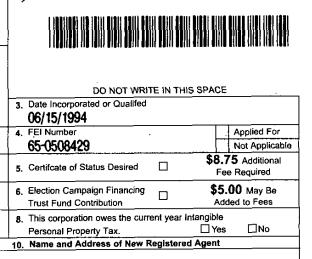
Suite, Apt. #, etc.

City & State

Zip

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90047 032 ***150.00



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.

Country

81

82

83

City

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE							
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	CHONKA, JOHN A		1.2 NAME				
STREET ADDRESS	521 NW 65 AVE		1.3 STREET ADDRESS			}	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	4100			
TITLE	S	DELETE	2.1 TITLE	SEC.	Change	Addition	
NAME	CHONKA, SHARON A	`	2.2 NAME	JOHN A CHONKA 521 NOW 65AU, MARGATON PL		}	
STREET ADDRESS	521 N W 65 AVE		2.3 STREET ADDRESS	521 NW 65AU,	-	1	
CITY-ST-ZIP	MARGATE FL		2. 4 CITY-ST-ZIP	MARGATOT PL			
TITLE] DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS			ì	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			Ì	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	<u></u>		
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			Ì	
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	Control of the later of the state of the sta		6.4 CITY-ST-ZIP	in Contine 440 07/23/3) Elevide Statutes 1			

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 informationated 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 trustep 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

Street Address (P.O. Box Number is Not Acceptable)

Zip Code