

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051240 (7)

1. Corporation Name

HEARING HELP-GUARANTEED, INC.



Principal Place of Business

Mailing Address

~~408 CHASTAIN ROAD
SEFFNER FL 33594~~

~~408 CHASTAIN ROAD
SEFFNER FL 33594~~

3315 U.S. Hwy 301 No.
ELLENTON, FL 34222

* SAME

2. Principal Place of Business

2a. Mailing Address

21 3315 U.S. Hwy 301 No.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #1

27

City & State

City & State

23 ELLENTON, FL

28

Zip

Country

Zip

Country

24 34222

25 USA

29

30

3. Date Incorporated or Qualified

07/07/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3296039

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIEDERER, L J
408 CHASTAIN ROAD
SEFFNER FL 33594

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

L. J. Niederer

(Print Name of Agent if Agent is not a corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NIEDERER, L J
STREET ADDRESS 408 CHASTAIN ROAD
CITY-ST-ZIP SEFFNER FL 33594 HOME ADDRESS

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME NIEDERER, L J.
1.3 STREET ADDRESS 3315 U.S. Hwy 301, No.
1.4 CITY-ST-ZIP ELLENTON, FL 34222

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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.

SIGNATURE:

L. J. Niederer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 941-723-0671
Date Filing #

CR2E034 (12/95)