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FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057336 (6)

1. Corporation Name  
AFFILIATED HEARING PROFESSIONALS OF FLORIDA, INC

Principal Place of Business

2100 E. HALLANDALE  
SUITE 407  
HALLANDALE FL 33009  
US

Mailing Address

2100 E HALLANDALE BEACH BLVD  
SUITE 407  
HALLANDALE FL 33009-3785  
US

3. Date Incorporated or Qualified  
07/15/1995

3a. Date of Last Report  
02/22/1996

2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

4. FEI Number 05-0631666  
APPLIED FOR

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

SKELLY, RICHARD  
2100 E. HALLANDALE BEACH BLVD.  
SUITE 409  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 of registered agent or officer or director required when filing applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SKELLY, RICHARD  
2100 E. HALLANDALE BEACH BLVD. #409  
HALLANDALE FL 33009

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DOMB, NORMAN  
289 S. FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D FICARRA, JOSEPH  
209 S.E. FIRST AVE  
BOCA RATON FL 33432

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Richard M. Skelly*

Richard M. Skelly 1-10-97

(954) 458-3002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0113888

CR2E034 (9/96)