

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000057336 (6)

1. Corporation Name

AFFILIATED HEARING PROFESSIONALS OF FLORIDA, INC

FILED
Jan 17 1997 8:00am
Secretary of State



Principal Place of Business

2100 E. HALLANDALE
SUITE 407
HALLANDALE FL 33009
US

Mailing Address

2100 E HALLANDALE BEACH BLVD
SUITE 407
HALLANDALE FL 33009-3765
US

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
07/15/1995

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

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

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

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 appears to be that of the registered agent and is legible

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OFFICER/DIR	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELLY, RICHARD	12 NAME	
STREET ADDRESS	2100 E. HALLANDALE BEACH BLVD. #409	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	14 CITY-ST-ZIP	
TITLE	OFFICER/DIR	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMB, NORMAN	22 NAME	
STREET ADDRESS	269 S. FEDERAL HIGHWAY	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	24 CITY-ST-ZIP	
TITLE	OFFICER/DIR	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGARRO, JOSEPH	32 NAME	
STREET ADDRESS	209 S.E. FIRST AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	34 CITY-ST-ZIP	
TITLE	OFFICER/DIR	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	OFFICER/DIR	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	OFFICER/DIR	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Skelly 1-10-97

(954) 458-3002

Date

Daytime Phone #

0113868

CR2E034 (9/96)