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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057420 (8)

FILED Mar 13 1998 8:00am Secretary of State

	HEARING AID LABS, INC.	0037420 (6)				
Principal Place of Business Mailing Address				-		I BIINI 10011 OIGIO IION BON 1001
2209 N HERCULES AVE 2209 N HERCULES AV CLEARWATER FL 34623 CLEARWATER FL 3462						
Appriliation in Asses		Vacantini i i i i i i i i i i i i i i i i i			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/24/1995	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
21		26		· · · · · · · · · · · · · · · · · · ·	59-3351220	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		a Florida Comocina Financia	Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Country		8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Currer				10. Name and Address of New Register	ed Agent
MATTATALL, PAT				Vame		
2209 N HERCULES AVE			82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34623				÷		
			B3			
			84 (City		85 Zip Code
007 0000 - 1 007 4000 Florido Out.			ve the above-n	amed corpor		
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 obligation 607.0505, Florida Statutes.						
	n familiar with, and arcept the folio	2100 47.0505, FIO	rida Statutes.		2/2/92	•
SIGNATURE .	Signature, lymed or printed hame of registered agr	, ,	Registered Agent s	ignature required	when reinstating) DATI	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME			1.2 NAME			
STREET ADDRESS	2209 N HERCULES AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY - ST - Z	TIP		
TITLE	V	☐ DELETE	2.1 TITLE			Change Addition
NAME	MATTATALL, FRAN		2.2 NAME			
STREET ADDRESS	2209 N HERCULES AVE		2.3 STREET ADD			
CITY-ST-ZIP	CLEARWATER FL 34623	DELETE	2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE	_		3.1 TITLE	İ		Fill custifie Fill vocurou
NAME PTREET ADDRESS			3.2 NAME 3.3 STREET ADD	nacec		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-2	1		
TITLE			4.1 TITLE	ur .		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	ĺ
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		•	
TITLE		☐ DELE TE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADO	ORESS		
			6.4 City - St - Zi			
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify fo	r the exemption	n stated in Se	ection 119.07(3)(i), Florida Statutes. I further	certify that the information

14. 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 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.

CIONATUDE.