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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000067830 (6)

AUDIOMETRIC HEARING CENTER OF ST. PETERSBURG, IN C.

Principal Place of Business 5760 5TH AVENUE NORTH ST. PETERSRURG FL 33710 Mailing Address

5760 5TH AVENUE NORTH ST. PETERSBURG FL 33710-7104

FILED Apr 28 1997 8:00am Secretary of State



Selection Sele	ST. PETERSBURG FL 33710	ST. PETERSBURG FL 33	710-7104		
Subject Apt Note Subject Apt Note Subject Apt Note Applied Subject S					
Suit Apt # Ct 27 Suit Apt # of Ct 27 Suit	2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Select Apt #, etc. 25	21	26 33920 U.S.	Highway 19 N	59-3335625	Not Applicable
22 Suite 150 Free Hequines City & State City & Country Zp 29 34684 39 This corporation has liability for intengible tax under a 198 00 Finded state City & Country 29 34684 39 This corporation has liability for intengible tax under a 198 00 Finded state City & Country City	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
28 Palm Harbor, FL Trust Fund Contribution Added to Fees Added to Fees Palm Harbor, FL String Palm Harbor, FL String Palm Harbor, FL Pal					Fee Required
25 29 34684 30 Florida Statutus D Yes No.	···		r, FL	, -	
S. Name and Address of Current Registered Agent St. Name St.	Zip Country		Country		
MEW, EDWARD J 12947 WALSINGHAM ROAD LARGO FL 34844 82 Sireet Address (P.O. Box Number is Not Acceptable) 3.3320 U.S. Highway 19 N. 83 Suite 150 84 Cry The Image of Sections 607 0002 and 607 1505 Florida Statutes. The above named corporation admits this statement for the purpose of changing is registed fagent or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registed agent of a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE THE COFFICERS AND DIRECTORS THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 12 MME 12 MME 13 SIRECT ADDIESS 24 CITY-S1 2P PAUL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 13 SIRECT ADDIESS 24 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 14 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 15 SIRECT ADDIESS 24 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 15 SIRECT ADDIESS 24 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 15 SIRECT ADDIESS 24 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 15 SIRECT ADDIESS 24 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 25 SIRECT ADDIESS 26 CITY-S1 2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 26 SIRECT ADDIESS 27 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 28 SIRECT ADDIESS 29 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 20 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 20 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 21 TIME 22 NAME 33 SIRECT ADDIESS 24 CITY-S1 2P PAUL DIRECTORS IN TIME 29 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 20 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 20 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 21 TIME 22 NAME 33 SIRECT ADDIESS 24 CITY-S1 2P 24 CITY-S1 2P 25 ADDITIONS/CHANGES TO OFFICERS AND TIME 27 ADDITIONS/CHANGES TO OFFICERS AND TIME	24 25	29 34684	30		
Size Address (P.O. Box Numbor is Not Acceptable) 33920 U.S. Highway 19 N.	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent
LARGO FL 34844 Sale Substitute Substi	MEW, EDWARD J		81 Name		
LARGO FL 34844 Salice 150	12947 Walsingham Road		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
## Superior Colors Street Address St	LARGO FL 34844				
## Harbor PL 34694		•			
PAIN Harbor			84 City		es Zin Code
11. Personant to the provisions of Sections 607.0202 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent of both, in the State of Florida Statutes. SIGNATURE Signature specified agent in the State of Florida Statutes. SIGNATURE Signature specified agent with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature specified agent with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature specified agent with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature specified agent agent with a section of the specified specified when relevating in the State of Florida Statutes. SIGNATURE Signature required agent agent with an accept the obligations of, Section 607.0506, Florida Statutes. INTER STATE ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME NAME SIRRIT ADDRESS 1.3 TIME ADDRESS 1.3 TIME STATE ADDRESS 1.4 CITY-ST-2P Pail m Hambor, FL 34684 SIRRIT ADDRESS 2.4 CITY-ST-2P Pail m Hambor, FL 34684 Change A STREET ADDRESS 3.4 CITY-ST-2P Pail m Hambor, FL 34684 SIRRIT ADDRESS 3.5 TIME ADDRESS 3.5 TIME DELETE STITLE DELETE STI				Harbor	
SIGNATURE SIGNAT	11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tutes, the above-named cor	poration submits this statement for the p	urpose of changing its registered
NOTE Reposenced Agent parallel regularizer regular	agent I am familiar with, and accept the ob- SIGNATURE	ligations of, Section 607,0505,	Florida Statutes.		
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CITY-SI-7IP 6.4 CITY-SI-7IP 14. Lide beyond codify that the information supplied with this filling does not qualify for the everyntion stated in Section 119 07(3Vi). Florida Statutes I further certify that the					

1. I do hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE: