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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000205

HEARING MASTERS, INC.

Principal Place	of Business	Mailing Address	-				6 intilitat un insin mene deur	1 KE(1) BE(1) BY(1		1 46161 4111 1441
800 LOMAX STF	REET	800 LOMAX STREET								
#101 #101 #101		#101 JACKSONVILLE FL 32204					DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204							3. Date Incorporated or Qualif	ed		•
							12/26/1995			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number			Applied For
21		26					<u>59-3320151</u>			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	. 🗆		Additional Required
City & State		City & State					a. Stadios Oceanies Singario			May Be
City & State	e	— ´					Election Campaign FinancingTrust Fund Contribution	ng. 🗆 🗀		or may ≊e dito Fees
Zip	Country	Zip		Country	,		8. This corporation owes the o	current vear l		
24	25	29	30	•			Personal Property Tax.		Yes	□No
- 1 1	9. Name and Address of Curren	t Registered Agent					10. Name and Address of Ne	w Registere	d Agent	
				81	Name					
	S, JOHN D SR			82	Street	Addres	s (P.O. Box Number is Not Acce	eptable)		
	103RD STREET						<u> </u>			
JACK	SONVILLE FL 32210			83						
				84	City				85 Zip	Code
11. 5	to the provisions of Sections 607.050	2 CO7 4EDD Florido Sto	uton th	a abou	o named	OOFBOE	ation submits this statement for i	the numose (of changing i	ts registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authori	ized by	the corp	oration'	s board of directors. I hereby ac	cept the app	ointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida S	Statutes	i.					
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, F		Statutes	i.		then reinstating)	DATE	<u>.</u>	
agent. I a	m familiar with, and accept the obligations of the state	tions of, Section 607.0505, F	TE. Regis	Statutes	i.				AND DIRECT	FORS IN 12
agent. I a	m familiar with, and accept the obligations of the state	tions of, Section 607.0505, If	TE. Regis	Statutes	i.	required w	hen reinstating) ADDITIONS/CHANGES TO	OFFICERS A		FORS IN 12
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CITY-ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90139 041 ***150.00

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