PRQFIT " CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004928

1. Corporation Name

PROFESSIONAL HEARING CARE INC.

	ce of Business	Mai	iling Address				- A TORNELINE LINE SOUTH BUSIN SOUTH DI	ici macki makii	manci anasă leni	a itaat rail laat.
1395 E. OAKL	AND PARK BLVD.	1395	E. OAKLAND PARK	RI VD						
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334										
							DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
Ì							01/16/1996			
2. Principal I	Place of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21	•	26					65-0633858		N.	ot Applicable
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.					~-		Additional
22		27					5. Certifcate of Status Desired	×	•	equired
City & Sta	ate		City & State				6. Election Campaign Financing		\$5.00	,
23		28	·				Trust Fund Contribution			May Be to Fees
Zip	Country	-	Zip	Cou	intry		8. This corporation owes the curr			10 1 663
24	25	29	•	30	,		Personal Property Tax.	ent year in	langible ☐ Yes	□No
2-7	9. Name and Address of Curr		ered Agent	[30]	I		10. Name and Address of New F	logistored		
· · ·	5. Trans. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	4 4.1 3.2.2	ord Agont		81	Name	10. Name and Address of New P	egistereu	Agent	
DAV	/IS, DIRK S SENTERF	5 (A) 10/4" (A)	* .•		•	1441110				
100 SOUTH ASHLEY DR, STE 1600				82	Street Address (P.O. Box Number is Not Acceptable)					
	MPA FL 33601	U							<u></u>	2 (19)
17718	MFA FE 33001				83		្រុំ អ៊ី ខ្លែងគឺកំនុំ ម ាន			
	•				84	City		- Ar . (f. l.	72	Code
Texts Contact	**************************************				~	City		FL	85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.05	502 and 607	7.1508, Florida Statu	les, the a	ove-	named corpor	ration submits this statement for the	purpose of	changing its	registered
onice or	registered agent, or both, in the Stat am familiar with, and accept the oblig	te ot Florida	i: Such change was a	luthorized	l by th	he corporation	's board of directors. I hereby accep	t the appoi	ntment as re	gistered
-	,	94110115 01, 4	Jeolion 007.0305, 1 ic	nida Olak	ACS.					
SIGNATURE	Signature, typed or printed name of registered ag									
		gent and title if a	spokcable. (NOTE	: Registered	Agent 2	signature required v	when reinstation)	DATE		
12.					Agent :	signature required v		DATE	ID DIRECTO	DRS IN 12
	OFFICERS A		TORS	13.		signature required v	ADDITIONS/CHANGES TO OFF			
TITLE	OFFICERS A			13.	LE.	signature required v			ID DIRECTO	DRS IN 12
T/TLE NAME	OFFICERS A D MATUS, GERALD E	AND DIREC	TORS	13. 1.1 Til 1.2 NA	LE ME		ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS	OFFICERS A D MATUS, GERALD E 1395 E. OAKLAND PARK BLV	AND DIREC	TORS	13. 1.1 Til 1.2 NA 1.3 ST	LE ME REET A	ADDRESS	ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MATUS, GERALD E 1395 E. OAKLAND PARK BLV FT. LAUDERDALE FL 33334	AND DIREC	TORS	13. 1.1 Tri 1.2 NA 1.3 ST 1.4 Cri	LE ME REET A	ADDRESS	ADDITIONS/CHANGES TO OFF		Change	Addition
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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

CITY-ST-ZIP . +1.

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90048 028 ***158.75