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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000009541 (9)

PITRE SPEECH SPECIALISTS, PA

Principal Place of Business Mailing Address
2350 COVINGTON CREEK CIRCLE WEST
JACKSONVILLE FL 32224

Mailing Address
2350 COVINGTON CREEK CIRCLE WEST
JACKSONVILLE FL 32224

26

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## FILED

Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

 Date Incorporated or Qualified 01/30/1996

59-3357298

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

Zip   Country   Zip   Country   Zip   Country   State   Country	23				28							Hust Futiu	CONTINUE	161	<u></u>	- Anger	u lo re	62	
9. Name and Address of Current Registered Agent PITRE, LISA A 2350 COVINGTON CREEK CIRCLE WEST JACKSONVILLE FL 32224  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, byed or physic dame of impatered agent and tills & apportable.  DELETE 1.1 TITLE DP DFICERS AND DIRECTORS 1.2 Street Address (P.O. Box Number is Not Acceptable)  DATE Signature, byed or physic dame of impatered agent and tills & apportable.  DATE 1.2 DFICERS AND DIRECTORS 1.1 TITLE DP DFICERS AND DIRECTORS 1.1 TITLE DP DFICERS AND DIRECTORS 1.2 TITLE DP DFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-22P DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Change Addition MAME STREET ADDRESS CITY-ST-22P DELETE 3.3 STREET ADDRESS 3.4 CITY-ST-22P Change Addition MAME 3.5 WAME 3.5 WAME 3.5 WAME 3.5 WAME 4.2 WAME 4.2 WAME 4.2 WAME 4.2 WAME 4.2 WAME 5.7 WAME	Zip			untry		Zip			ountry			8. This corpor	ation owes	or has pai	_	4 '	_ ~		]
PITRE, LISA A 2350 COVINGTON CREEK CIRCLE WEST JACKSONVILLE FL 32224  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 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, and accept the obligations of Section 607.0508, Florida Statutes.  SIGNATURE Signalura, typed or privide name of registered agent and title if appointment as registered agent and title acceptance agent and title if appointment as registered agent and title acceptance and title appointment as registered agent and title corporations.  In the corporation submits this statement f	24							30									<u> </u>	·	4
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JACKSONVILLE FL 32224  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 agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of Florida, Statutes.  SIGNATURE  Signalue, typed or printed name of registered agent and the state of Florida, Statutes.  NOTE: Repetund Addition in the state of Florida, Statutes.  NOTE: Repetund Addition in the state of Florida Statutes.  NOTE: Repetund Addition in the state of Florida Statutes.  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  2.2 NAME  2.2 NAME  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  1.4 CITY-ST-ZIP  TITLE  1.5 Change Addition  Change Addition  Addition  A 2 NAME  A 2 NAME  A 2 NAME  A 2 NAME  A 3 NAME  A 3 NAME  A 4 CITY-ST-ZIP  TITLE  1.5 Code  1.5 Table Addition  A 4 CITY-ST-ZIP  TITLE  1.5 CITY ST-ZIP  TITLE  1.5 Change Addition  A 4 CITY-ST-ZIP  TITLE  1.5 CITY ST-ZIP  TITLE  1.5 Change Addition  A 4 CITY-ST-ZIP  TITLE  1.5 CITY ST-ZIP  TITLE  1.5 CITY ST-ZIP						87	Name									ļ			
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14. Thereby 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 13 or Block 13 if changed, or on an attachment with an address.	14. I hereby of indicated officer or	on this annu director of th	ial repoi	rt or supplemental a pration or the receive	nnual er or tr	report is ti ustee emp	rue and acc powered to	urate a	าด tha	t my sigi	nature s	hall have the s	ame legal e	effect as if I	made und	er oath; ti	hatlar	ກ an	

anicTPHE REQUIREPresident 1/27/98