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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000015274**
1. Corporation Name
CITY HEARING AID CENTER, INC.

Principal Place of Business Mailing Address
1008 BROADWAY ST. DUNEDIN, FL. 34698 **SAME**

3. Date Incorporated or Qualified **FEB. 14, 1996** 3a. Date of Last Report **FEB. 14, 1996**
4. FEI Number **59-3397952** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. # etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**WALLACE J.S. WEYLIE
350 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 34635**

10. Name and Address of New Registered Agent
81 Name
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 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	TERRANCE FAIERS	
STREET ADDRESS	1.3 STREET ADDRESS	2375 HANOVER DR	
CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	DUNEDIN FL. 34698	
<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-STATE-ZIP	2.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-STATE-ZIP	3.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-STATE-ZIP	4.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	400002148604	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	-04/21/97--01035--030	
STREET ADDRESS	5.3 STREET ADDRESS	***165.00	
CITY-STATE-ZIP	5.4 CITY-STATE-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	400002148674	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	-04/21/97--01035--031	
STREET ADDRESS	6.3 STREET ADDRESS	***8.75	
CITY-STATE-ZIP	6.4 CITY-STATE-ZIP		

14. I do 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, I changed, or on an attachment with an address.

SIGNATURE: **Terrance Faiers** **4/9/97** **813 733 7403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)