SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000064872 (0)

1. Corporation Name

AUDIOMETRIC HEARING CENTER OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
2499 GLADES ROAD	33920 U.S. HIGHWAY 19 N
SUITE 106 A	SUITE 150
BOCA RATON FL 33431	PALM HARBOR FL 34684
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/01/1996
4. FEI Number
59-3393466
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

PAULDICK, B
33920 U.S. 19 N
SUITE 150
PALM HARBOR FL 34684

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
NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	MEW, EDWARD J	
STREET ADDRESS	33920 U.S. HIGHWAY 19 NORTH, SUITE 150	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	ST	[ ] DELETE
NAME	PAULDICK, B.	
STREET ADDRESS	33920 U.S. HIGHWAY 19 NORTH, SUITE 150	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: B Pauldick 9/29/98