

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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000099382 (9) 1. Corporation Name SPEECH-LANGUAGE SPECIALISTS, INC.					
Principal Place of Business 934 N. UNIVERSITY DRIVE #444 CORAL SPRINGS FL 33071			Mailing Address 934 N. UNIVERSITY DRIVE #444 CORAL SPRINGS FL 33071		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1996	
21 4000 Hollywood Blvd	26 4000 Hollywood Blvd	4. FEI Number 65-0715085		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite 540N	27 Suite 540N	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Hollywood, FL	28 Hollywood, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 33021	25 US	29 33021	30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEWIS, JEFFREY I 934 N. UNIVERSITY DRIVE #444 CORAL SPRINGS FL 33071			10. Name and Address of New Registered Agent 81 Name Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 83 84 City Tallahassee 85 Zip Code FL 32301		
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 <i>Karen B. Rozar</i> Karen B. Rozar, As Its Agent DATE <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JEFFREY I		1.2 NAME	Ostroff, Ron	
STREET ADDRESS	934 N. UNIVERSITY DRIVE #444		1.3 STREET ADDRESS	4000 Hollywood Blvd #540N	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	Caruso, Darren	
STREET ADDRESS			2.3 STREET ADDRESS	4000 Hollywood Blvd #540N	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Lichtman, Harvey	
STREET ADDRESS			3.3 STREET ADDRESS	4000 Hollywood Blvd #540N	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Baker, Michael	
STREET ADDRESS			4.3 STREET ADDRESS	4000 Hollywood Blvd #540N	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE *Michael Baker* *Michael Baker* *2/1/98* *(96) 0497-7180*

CR2E034 (10/97)