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 # **P97000021237 (7)**

1. Corporation Name
AUDIOMETRIC HEARING CENTER OF ORLANDO, INC.

Principal Place of Business
28050 U.S. HWY. 19. N.
SUITE 508
CLEARWATER FL 34621

Mailing Address
28050 U.S. HWY. 19. N.
SUITE 508
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/07/1997

4. FEI Number
59-3434182
[ ] 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 33920 U.S. Hwy. 19 N.
Suite, Apt. #, etc.
22 150
City & State
23 Palm Harbor, FL
Zip
24 34684
Country
25 USA

2a. Mailing Address
26 33920 U.S. Hwy. 19 N.
Suite, Apt. #, etc.
27 150
City & State
28 Palm Harbor, FL
Zip
29 34684
Country
30 USA

9. Name and Address of Current Registered Agent
PAULDICK, B.
28050 U.S. HWY. 19, N.
SUITE 508
CLEARWATER FL 34621

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 section 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 (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE
NAME MEW, EDWARD J.
STREET ADDRESS 33920 U.S. HWY. 19 N., STE 150
CITY-ST-ZIP PALM HARBOR, FL 34684
TITLE ST [ ] DELETE
NAME PAULDICK, B.
STREET ADDRESS 33920 U.S. HWY. 19 N., STE 150
CITY-ST-ZIP PALM HARBOR, FL 34684
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

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 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: [signature] 9/30/98

CR2E034 (1/95)