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).

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **P97000036434 (3)**

1. Corporation Name
AUDIOMETRIC HEARING CENTER OF MIAMI, 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

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 | County 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 | County 30 USA

3. Date Incorporated or Qualified
04/22/1997

4. FEI Number
59-3443673
[ ] 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

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 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 I accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE (Required) 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		

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:

CR2E034 (5/98)