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
Sep 22 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 # **P97000097527 (0)**

1. Corporation Name
THE HEARING FACTORY INC

Principal Place of Business	Mailing Address
7522 SALLY LYN LANE LAKEWORTH FL 33467	7522 SALLY LYN LANE LAKEWORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1997**

2. Principal Place of Business	2a. Mailing Address
21 1800 FOREST HILL BLVD	26 1800 FOREST HILL BLVD
Suite, Apt. #, etc. 22 Suite A-7	Suite, Apt. #, etc. 27 Suite A-7
City & State 23 WEST PALM BEACH FL	City & State 28 WEST PALM BEACH FL
Zip 24 33406 Country 25 USA	Zip 29 33406 Country 30 USA

4. FEI Number: 65-0808661 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUTIK, DON F 7522 SALLY LYN LANE LAKEWORTH FL 33467	81 Name: MARY ANN KUTIK 82 Street Address (P.O. Box Number is Not Acceptable): 7522 SALLY LYNN LANE 83 84 City: LAKEWORTH FL **FL** 85 Zip Code: 33467

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 this appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: DON F KUTIK Mary A. Kutik Mary A. Kutik 7/30/98
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUTIK, DON F 7522 SALLY LYN LANE LAKEWORTH FL 33467	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres MARY ANN KUTIK 7522 SALLY LYNN LANE LAKEWORTH FL 33467 — ☑ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002646714 -09/23/98--01007--030 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 9-22

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: DON F KUTIK Mary A. Kutik 7/30/98 FL 33327

(2) 9/8/98

Per Telephone Call With Your Dept I was told to Explain in letter that this was the ONLY letter Received Concerning Regarding CORP ANNUAL REPORT my Wife was ill for some time and had Surgery and Caused a delay IN Writing this letter the Purpose of this letter Per INSTRUCTIONS is to have the Late filing fee Waived. THANKS for YOUR UNDERSTANDING

Don F. Kuhn