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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P98000072230
HEALTHY HEARING,	INC.

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90033 032 ***150.00

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Drivers Plan	o of Business		Mailing A	uddraee			1 100 1100 110 10 10 10 10 10 10 10 10 1	OBEN OBTH ORTH	(8516 \BIS (1866	TANKA MANYA KAMA
Principal Place	•		•				ļ			
4135 TANGLEW	VOOD N.		4135 TAN #357	GLEWOOD N.						
#357			33410		DO NOT WE	RITE IN THIS	SPACE			
Them genor	WIII 00110						 Date Incorporated or Qualife 08/17/1998 	d		
9 Principal D	Place of Business		2n Mailin	ng Address	_		4 FFI Number		An	plied For
				ig Addition	-		-65-085-84	65	 -	t Applicable
Suite, Apt.	# etc			Apt. #, etc.					\$8.75	
22	H, 010.		27	, , , , , , , , , , , , , , , , , , , 			5. Certificate of Status Desired		Fee Re	
City & State	le	· · · · · · · · · · · · · · · · · · ·		& State			6. Election Campaign Financing	3 <u> </u>	\$5.00	May Be
23	.0		28				Trust Fund Contribution	" □	Added t	
Zip	Col	untry	Zip		Country		8. This corporation owes the cu	rrent vear in		
24	25	,	29	30	ה		Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,		□No
		Idress of Current			<u>-</u>		10. Name and Address of New	Registered	Agent	
					81	Name				
MILL	LER, DAVID M									
4135	5 TANGLEWOOD	N.			82	Street Ad	idress (P.O. Box Number is Not Accep	otable)		
#35					83					
PALI	M BEACH GARDE	NS FL 33410								
					84	City		FL	85 Zip (Code
							at the state of th		shanaina its	registered
11. Pursuant	to the provisions of tregistered agent, or t	Sections 607.0502 both, in the State of	2 and 607.150 of Florida. Suc	is, Florida Statutes, ch change was auth	, the above norized by	the corpora	prporation submits this statement for thation's board of directors. I hereby acc	ept the appoi	intment as re	gistered
agent. I a	m familiar with, and	accept the obligat	tions of, Section	on 607.0505, Florid	a Statutes.		·			
SIGNATURE										
	Signature, typed or printed					t signature requ	uired when reinstating)	DATE	ID DIDECTO	DC IN 12
12.		OFFICERS AN		S	13.	t signature requ	alred when reinstating) ADDITIONS/CHANGES TO C			
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12.	President	OFFICERS AN	D DIRECTOR	DELETE	13. 1.1 TITLE 1.2 NAME					
12. TITLE	President PAULD M 4135 TAM	officers and mills lewood b	D DIRECTOR	S DELETE	13. 1.1 TITLE					
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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 or an attachment with an address, with all other like empowered.