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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$22291

(6)

FILED
Mar 28 1997 8:00am
Secretary of State

	R HEARING SERVICES, IN	Mailing Address 4 WEYBURH PL PAIM COAST FL 32184	7732		.,4				
ST.AUGUSTINE	FL 32086	US	-			3. Date incorporated or Qualifi	ed 3a D	ate of Last	Report
Ų.						01/03/1991		04/1996	
2. Principal f	Prace of Business	2a. Mailing Address	·····			4. FEI Number			Applied For
<u>u</u>		26				65-0239277			Not Applicable
Suite, Apt أم	#, €1C.	Suite, Apl. #, etc.				5. Certificate of Status Desired		****	Additional Required
City & Sta	te	City & State			·	6. Election Campaign Financin	0		O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	├ ──	intry		8. This corporation has liability			s. 199.032,
24	25	29	30	·····		Florida Statutes		No.	
OT#	9. Name and Address of Curr	rent Registered Agent		81 Na	me	10. Name and Address of New	negisiereu	Agent	······································
	EWART, JAMES C JR 25 COONLY RD 95 STOUTH				_				
	106, PINE PLAZA			82 Str	et Addre	ess (P.O. Box Number is Not Acce	ptable)		
	LDEN GATE FL 33999			83					
				84 Cit				85 Z	p Code
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			FL	_ 1 1	,
office or agent his SIGNATURE						oration submits this statement for t on's board of directors. I hereby a		pointment i	as registered
•	to coalum disposit o gendo a service el registere d			d Agent sign		on's board of directors. I hereby a od when reinsfating) ADDITIONS/CHANGES TO O	DATE		ORS IN 12
SIGNATURE	OFFICERS / D FAVARO, FRANK J	agent and filled applicable (N	OTE: Registere	d Agent sign		ea when reinslating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12.	OFFICERS / D FAVARO, FRANK J 4 WEYBURH PL	agent and filled applicable (N	OTE: Registere 13. 1.1 To	d Agent sign	ature raquire	ea when reinslating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. THE NAME STREET ALORESS C 19-51-709	OFFICERS / D FAVARO, FRANK J	agent and filler applicable (N AND DIRECTORS DELETE	OTE: Registere 13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 Ci	d Agent sign TLE AME TREET ADDRI	ature raquire	ea when reinslating)	DATE	D DIRECTO	DRS IN 12 e Addition
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SIGNATURE 12. THE NAME SIRRETACOPESS CLIP-SE-209 THE NAME	OFFICERS / D FAVARO, FRANK J 4 WEYBURH PL	agent and filler applicable (N AND DIRECTORS DELETE	OTE: Registere 13. 1.1 Ti 1.2 N. 1.3 S' 1.4 Gi 2.1 Ti 2.2 N.	d Agent sign TLE AME TREET ADDRI	ature require	ea when reinslating)	DATE	D DIRECTO	ORS IN 12 e Addition
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SIGNATURE 12. THE NAME SIREE ACORESS CITY ST APP THE NAME SIREE ACORESS CITY ST 72 THE NAME SIREE ACORESS SIREE ACORESS	D FAVARO, FRANK J 4 WEYBURH PL PALM COAST FL 32184	agent and tiller applicable (NAND DIRECTORS DELETE	OTE- Reg stere 13. 1.1 Ti 1.2 N 1.3 S 1.4 G 2.1 Ti 2.2 N 2.3 S 2.4 G 3.1 Ti 3.2 N 3.3 S	d Agent sign TLE AME IREET ADDRI TLE AME IREET ADDRI ITY-ST-ZIP TLE AME IREET ADDRI TLE AME	ature require	ea when reinslating)	DATE	D DIRECTO	DRS IN 12 e Addition e Addition
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reconversity was are mornamon supplied with this iming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information in a caterd 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 Lam 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 AND OF SIGNING OFFICER OR DIRECTOR

904 826 1899