## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAM: STREET ADDRESS

CITY: \$1-76

SIGNATURE:

appears in Block 12 or Block 13 if of



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000454 (5)

EXCEL MEDICAL ELECTRONICS, INC.

Principal Place of Business Mailing Address 5646 OLD FORT JUPITER RD. 5646 OLD FORT JUPITER RD. JUPITER FL 33458-3441 JUPITER FL 33458 3. Date Incorporated or Qualified 3a. Date of Last Report 01/03/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0564061 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JOHN P. HOFFMAN **50**46 OLD FORT JUPITER RD Street Address (P.O. Box Number is Not Acceptable) 82 JUPITER FL 33458 City 85 Zin 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 accept the obligations of, Section 607.0505, Florida Statutes. Signature, type dior printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition THLE 1.1 TITLE JOHN P. HOFFMAN 12 NAME R2E034 NAME 5646 OLD FORT JUPITER RD 1.3 STREET ADDRESS STREET ADDRESS Jupiter Fl 1.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition TILLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZiP CHY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 7IP DELETE 4.1 TITLE Change Addition HILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 THLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change THEF 6.1 TITLE

6.2 NAME

14. I do 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 processor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS