

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 615492

1. Corporation Name

PACE MEDICAL ELECTRONICS, INC.

Principal Place of Business

11913 N.W. 99TH AVE.  
HIALEAH GARDENS FL 33016

Mailing Address

11913 N.W. 99TH AVE.  
HIALEAH GARDENS FL 33016

2. Principal Place of Business

21 911 NW 209 Avenue

2a. Mailing Address

26 911 NW 209 Avenue

Suite, Apt. #, etc.

22 Suite S-122

Suite, Apt. #, etc.

27 Suite S-122

City & State

23 Pembroke Pines, FL

City & State

28 Pembroke Pines, FL

Zip

24 33029-2111

Country

25 USA

Zip

29 33029-2111

Country

30 USA

9. Name and Address of Current Registered Agent

HELMCAMP, T. J.  
11913 NW 99TH AVE  
HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1979

4. FEI Number

59-1894217

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Helmeamp, T.J.

82 Street Address (P.O. Box Number is Not Acceptable)

911 NW 209 Avenue

83 Suite S-122

84 City Pembroke Pines

FL

85 Zip Code

33029-2111

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: *Thomas J. Helmeamp*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-23-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HELMCAMP, THOMAS J.  
STREET ADDRESS 11913 N.W. 99TH AVENUE  
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE D ☐ DELETE

NAME HELMCAMP, RONALD T.  
STREET ADDRESS 11913 N.W. 99TH AVENUE  
CITY-ST-ZIP HIALEAH GARDENS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Helmeamp, Thomas J.  
1.3 STREET ADDRESS 911 NW 209 Avenue, #S122  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029-2111

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Helmeamp, Ronald T.  
2.3 STREET ADDRESS 911 NW 209 Avenue, #S122  
2.4 CITY-ST-ZIP Pembroke Pines, FL 33029-2111

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE: *Thomas J. Helmeamp* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

Daytime Phone #

0148828

CR2E034(11/98)

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90049 008 \*\*\*150.00

