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AND
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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 4: 15

DOCUMENT # 850103 (3)

1. Corporation Name
CARDIAC CONTROL SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001487988
-05/16/95--01007--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address

3 COMMERCE BLVD PALM COAST FL 32137-4961 **3 COMMERCE BLVD PALM COAST FL 32137-4961**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 **32164-3100** 25 29 **32164-3100** 30

3. Date Incorporated or Qualified **08/19/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **74-2119162** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BROWNLEE, ROBERT R.
135 COQUINA AVE.
ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent

81 Name **Rabin, Alan**

82 Street Address (P.O. Box Number is Not Acceptable) **1400 Hancock blvd**

83

84 City **Daytona Beach** 85 Zip Code **FL 32114**

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 *[Signature]* **05/09/95**

Signature typed or printed name of registered agent and the filer (applicant) NOTE: Registered Agent signature required when constituting

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	NEFF, PAUL H
STREET ADDRESS	P.O. BOX 35-3788 N/A
CITY, ST, ZIP	PALM COAST FL 32135
TITLE	DPC
NAME	BEUTEL, PHILLIP R.
STREET ADDRESS	3 CHASE LANE
CITY, ST, ZIP	COLORADO SPRINGS CO 80906
TITLE	D
NAME	RYLEE, ROBERT T. II
STREET ADDRESS	6397 WYNFREY PLACE
CITY, ST, ZIP	MEMPHIS TN 38120
TITLE	DVS
NAME	BROWNLEE, ROBERT R.
STREET ADDRESS	135 COQUINA AVE
CITY, ST, ZIP	ORMOND BCH FL
TITLE	C
NAME	MITCHELL, LAURI
STREET ADDRESS	129 POWELL BLVD #11202
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	D
NAME	MEYNELL, JAMES H.T.
STREET ADDRESS	4 BOLING BROOK GROVE
CITY, ST, ZIP	LONDON, ENGLAND

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3 Commerce Blvd
1.4 CITY, ST, ZIP	Palm Coast FL 32164-3100
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DC
3.3 STREET ADDRESS	Gutekunst, Bart
3.4 CITY, ST, ZIP	1049 Park Ave New York, NY 10028
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3 Commerce Blvd
4.4 CITY, ST, ZIP	Palm Coast, FL 32164-3100
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	3 Commerce Blvd
5.4 CITY, ST, ZIP	Palm Coast, FL 32164-3100
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	SW116ES

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: *[Signature]* **Lauri Mitchell, Controller 05/01/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) **05/01/95** (City) **904-445-5450**

**CARDIAC CONTROL SYSTEMS, INC.
FLORIDA CORPORATION ANNUAL REPORT 1995
ADDITIONAL OFFICERS**

TITLE	NAME	ADDRESS
DP	ALAN RABIN	3 COMMERCE BLVD. PALM COAST, FL 32164-3100.
V	WILLIAM A. WHARTON	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
V	ROBERT MILLER	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
V	TERRY MCMAHON	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
D	LARRY HAIMOVITCH	353 SACRAMENTO ST. 16TH FLOOR SAN FRANCISCO, CA 94111