

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850103 (3)
 T. Corporation Name
CARDIAC CONTROL SYSTEMS, INC.



Principal Place of Business 3 COMMERCE BLVD PALM COAST FL 32164-3100	Mailing Address 3 COMMERCE BLVD PALM COAST FL 32164-7861
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/19/1981	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 74-2119162	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Zip 32164-3100 30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RABIN, ALAN
19 CHOCTAW DR.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEFF, PAUL H	1.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST FL 32164-3100	1.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUTEL, PHILLIP R.	2.2 NAME	
STREET ADDRESS	3 CHASE LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	COLORADO SPRINGS CO 80908	2.4 CITY- ST- ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTEKUNST, BART	3.2 NAME	10 Timothy Road
STREET ADDRESS	1049 PARK AVE.	3.3 STREET ADDRESS	Weston, CT 06883
CITY- ST- ZIP	NEW YORK NY 10028	3.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNLEE, ROBERT R.	4.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST FL 32164-3100	4.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, LAURI	5.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST FL 32164-3100	5.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYNELL, JAMES H.T.	6.2 NAME	
STREET ADDRESS	4 BOLING BROOK GROVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	LONDON, ENGLAND	6.4 CITY- ST- ZIP	

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 register 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: _____ **4/30/97** **(904) 445-5450**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**CARDIAC CONTROL SYSTEMS, INC.
FLORIDA CORPORATION ANNUAL REPORT 1996
ADDITIONAL OFFICERS**

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>
DP	ALAN RABIN	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
V	WILLIAM A. WHARTON	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
V	JONATHAN S. LEE	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
D	ROBERT T. RYLEE	6397 WYNFREY PLACE MEMPHIS, TN 38120
D	WILLIAM H. BURNS, JR.	69 FOREST DR. ORCHARD PARK, NY 14127-2702
D	TRACEY E. YOUNG	12 PERRY LANE RIDGEFIELD, CT 06877
V	WILLIAM A. WALTON	3 COMMERCE BLVD. PALM COAST, FL 32164-3100
D	AUGUSTO J. OCANA	20 FOXCROFT DRIVE PRINCETON, NJ 08540