

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850103** (3)
1. 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 32164-3100 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1981	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 74-2119162	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, ALAN	1.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARTON, WILLIAM A	2.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTEKUNST, BART	3.2 NAME	
STREET ADDRESS	10 TIMOTHY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JONATHAN S	4.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, TERRY	5.2 NAME	
STREET ADDRESS	3 COMMERCE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIMOVITCH, LARRY	6.2 NAME	
STREET ADDRESS	353 SACRAMENTO STREET, 16TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	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.

SIGNATURE:

April B. Smith

April B. Smith

04/30/98 (004) 445-5450

CR2E034 (10/97)