


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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K54988 (6)		
1. Corporation Name RHYTHM CONTROL SYSTEMS, INC.		



Principal Place of Business 11900 S.E. 128TH PL. RD. OCKLAWAHA FL 32179 US	Mailing Address 11900 S.E. 128TH PL. RD. OCKLAWAHA FL 32179-5091 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1988		3a. Date of Last Report 04/09/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2935434		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input 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. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARMICHAEL, RORY J. 11900 S.E. 128TH PL. RD. OCKLAWAHA FL 32179				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 607.0105, Florida Statutes.

SIGNATURE *Rory J. Carmichael* DATE **2/5/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
PD CARMICHAEL, RORY J. 11900 S.E. 128TH PL. RD. OCKLAWAHA FL				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
ST CARMICHAEL, BURKLE JAY 11900 S.E. 128TH PL. RD. OCKLAWAHA FL				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
SECRETARY				Kris CARMICHAEL 11900 S.E. 128TH PL. RD. OCKLAWAHA, FL. 32179			
<input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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.

CR2E034 (9/96)