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**Feb 27 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 # P18820 (1)

**1. Corporation Name
COOK PACEMAKER CORPORATION**



Principal Place of Business

**RIVER ROAD, ROUTE 66
PO BOX 529
LEECHBURG PA 15656-0529**

Mailing Address

**RIVER ROAD, ROUTE 66
PO BOX 529
LEECHBURG PA 15656**

3. Date Incorporated or Qualified 04/14/1988 **3a. Date of Last Report 04/24/1996**

2. Principal Place of Business

21 Suite Apt. # etc.

2a. Mailing Address

26 Suite Apt. #, etc.

4. FEI Number 25-1393375 **Applied For Not Applicable**

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes **Yes** **No**

9. Name and Address of Current Registered Agent

**POLLOCK, RYAN J
1450 AUDUBON TRACE, #718
1612
TAMPA FL 33613**

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	DS <input type="checkbox"/> DELETE
NAME	FERGUSON, STEVE
STREET ADDRESS	1608 FOUNTAIN SQ SUITE 300
CITY-ST-ZIP	BLOOMINGTON IN 47402
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCULLOUGH, PHYLLIS
STREET ADDRESS	925 SOUTH CURRY PIKE
CITY-ST-ZIP	BLOOMINGTON IN 47402
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHN R. KAMSTRA
STREET ADDRESS	1608 FOUNTAIN SQUARE
CITY-ST-ZIP	BLOOMINGTON IN 47402
TITLE	D <input type="checkbox"/> DELETE
NAME	FRANZ, CHARLES
STREET ADDRESS	1608 FOUNTAIN SQ SUITE 300
CITY-ST-ZIP	BLOOMINGTON IN
TITLE	C <input type="checkbox"/> DELETE
NAME	COOK, WILLIAM A.
STREET ADDRESS	PO BOX 489 NA
CITY-ST-ZIP	BLOOMINGTON IN
TITLE	DP <input type="checkbox"/> DELETE
NAME	LOUIS GOODE,
STREET ADDRESS	P.O. BOX 529 RIVER RD. ROUTE 66
CITY-ST-ZIP	LEECHBURG PA

1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FERGUSON, STEVE
1.3 STREET ADDRESS	405 N. ROGERS STREET
1.4 CITY-ST-ZIP	Bloomington, IN 47404-3780
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN R. KAMSTRA
3.3 STREET ADDRESS	405 N. ROGERS STREET
3.4 CITY-ST-ZIP	Bloomington IN 47404-3780
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANZ, CHARLES
4.3 STREET ADDRESS	405 N. ROGERS STREET
4.4 CITY-ST-ZIP	Bloomington, IN 47404-3780
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN R. KAMSTRA** **1/16/97** **812-331-425**

CRLE034 (9/96)