

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32547** (4)
1. Corporation Name
PACEMAKERS, INC.



Principal Place of Business: **C/O GLENN HAYES, 4973 S.E. INKWOOD WAY, HOBESOUND FL 33455, US**
Mailing Address: **C/O GLENN HAYES, 4973 S.E. INKWOOD WAY, HOBESOUND FL 33455, US**

3. Date Incorporated or Qualified: **05/25/1989**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-2929126**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc; 23 City & State; 24 Zip; 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**HAYES, GLENN
4973 S.E. INKWOOD WAY
LOT 75
HOBESOUND FL 33455**

10. Name and Address of New Registered Agent
81 Name: **BETTY HAYES**
82 Street Address (P.O. Box Number is Not Acceptable): **4973 S.E. INKWOOD WAY**
83
84 City: **HOBESOUND** FL 85 Zip Code: **33455**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Betty Hayes, Secretary* DATE: **1-17-96**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, DAVID	
STREET ADDRESS	5004 SHORELINE DR	
CITY-ST-ZIP	POLK CITY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MACLEOD, JOHN	
STREET ADDRESS	3799 N. PASSION WAY	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HAYES, GLENN	
STREET ADDRESS	4973 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBESOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAIRIS, JOE	
STREET ADDRESS	1236 MAPLE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MALONE, MICHAEL	
1.3 STREET ADDRESS	4976 SHORE LINE DR	
1.4 CITY-ST-ZIP	POLK CITY, FL 33868	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYES, GLENN	
3.3 STREET ADDRESS	4973 S.E. INKWOOD WAY	
3.4 CITY-ST-ZIP	HOBESOUND, FL 33455	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAYES, BETTY	
5.3 STREET ADDRESS	4973 S.E. INKWOOD WAY	
5.4 CITY-ST-ZIP	HOBESOUND, FL 33455	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Hayes* **BETTY HAYES - Secy** DATE: **1-17-96** 407-221-3938

CR2E037 (12/95)