


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/25/1989

4. FEI Number
59-2929126

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**HAYES, BETTY
4973 S.E. INKWOOD WAY
HOBESOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 J. Hayes, Secretary* DATE: **1-4-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, MICHAEL	
STREET ADDRESS	4976 SHORE LINE DR.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MACLEOD, JOHN	
STREET ADDRESS	3799 N. PASSION WAY	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	DT	<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	SHAFER, BOB	
STREET ADDRESS	921 N DORAL LANE	
CITY-ST-ZIP	VENICE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAYES, BETTY	
STREET ADDRESS	4973 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBESOUND FL 33455	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, BILL	
STREET ADDRESS	5035 N SHORE DRIVE	
CITY-ST-ZIP	POLK CITY FL	

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	ROBERT FITZMORRIS	
1.3 STREET ADDRESS	1176 HARBOR TOWN WAY	
1.4 CITY-ST-ZIP	VENICE, FL 34292	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 J. Hayes, Sect.* DATE: **1-4-98** TELEPHONE: **561-221-3938**

Signature, typed or printed name of signing officer or director

CR2E037 (10/97)