FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

SUITE 180

11550 N. MERIDIAN ST

CARMEL IN 46032

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business

11550 N. MERIDIAN ST

CARMEL IN 46032

SUITE 180



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F9400005231	(5
SEPRO CORPORAT	ION	



2 Pro soul Di	ace of Business	··· q·· · ·			3. Date Incorporated or Qualified 10/07/1994	3a. Date of t 10/0	ast Report 9/1995	
21	alle of Dusiness	2a. Mailing Address			4. FEI Number	1	Applied For	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			35-1902554		Not Applicabl	
2 City & State	· · · · · · · · · · · · · · · · · · ·	27		·	5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
3		Oity & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zη. ; }	Country	Zip	Countr	у	8. This corporation has liability for in	ptaggible to	Added to Fees	
!!	9 Name and Address of O	29	30		Florida Statutes Yes	TiNo	ders 199.032,	
	9. Name and Address of Current	Hegistered Agent		T	10. Name and Address of New Ro	egistered Ager	1	
CT COE	RPORATION SYSTEM		81	Name				
1200 S. PINE ISLAND RD PLANTATION FL 33324			82	82 Street Address (P.O. Box Number is Not Acceptable)				
								
			83	83				
			84	City			·	
1. Pars rent to	the cruicing of Spatian courses		İ] "",		FJ 85	1	
or registere	ട് agent, or both, in the State of Florida	Ind 507.1508, Florida Statu L Such change was authori	tes, the above-	named co	poration submits this statement for the purpoperd of directors. I hereby accept the appoint	xose of changing	its registered office	
SIGNATURE	ignative typed or printed runse of registered agend as	r to Francisco (സ	S.		even when rengating:	DATE	tered agent. Lam	
z. I. t	CPS OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	SERS AND DIRE	CTOPS IN 40	
AME	CULPEPPER, WILLIAM H	☐ DELETE	1 1 THILE			☐ Cha		
REEL ADDRESS	11550 N. MERIDIAN ST, SUITI	- 100	1.2 NAME				- Li regulori	
	CARMEL IN 46032	100	1.3 STREET	ADDRESS				
TY-SI-20P	VASD		14 CHY-5	T-ZIP				
AM!	RUSCHHAUPT, GEORGE H	☐ DELFTE	2 1 THTLE		☐ Chang		nge	
REFEADORESS	11550 N. MERIDIAN ST, SUITE	100	2 2 NAME	2 NAME				
TY-ST ZIP	CARMEL IN 46032	100	2 3 STREET	ADDRESS				
''' - ''' - - - - - - - -	1		24 DITY - S	Y-ZIP	_,			
ME	KOEHLER, CHARLES W	☐ DEFELE	3 1 THTLE			Chai	nge Addition	
HEFT ADDRESS	11550 N. MERIDIAN ST. SUITE	180	3.2 NAME					
TY \$1-7IP	CARMEL IN 46032	. 100	3 3 STREET	ADDRESS				
LF.		DELETE	3 4 CITY - S	F-ZiP				
Me			4. 1 TITLE	i	-	☐ Char	ige 🔲 Addition	
HEEL ADDRESS			4.2 NAME					
Y - S1 - ZIP			4 3 STREET	ADDRESS			•	
LF.		☐ DELETE	4.4 C+TY - S1	- ZIP				
MÉ		Dittell	5 1 TITLE	ĺ	·	☐ Chan	ge 🔲 Addition	
REPLACIDRESS			5 2 NAME					
Y-ST 7-P			5 3 STREET /					
L!		DELETE	5 4 CITY-ST	- ZIP				
VF			6.2 NAME			☐ Chan	ge 🔲 Addition	
EE! ADDRESS				DDOSGO				
Y \$1 ZiP			63 STREET A					
I do hereby o	certify that the information supplied with	this filing is voluntarily furni	6 4 City St shed and does		for the exemption stated in Section 119.07			
oato; that La appears in B	ie information indicated on this arinual r ni an officer or director of the corporati rock 12 or Block 13 if changed, or on a	eport or supplemental annu on or the receiver or trustee ri attachment with an addre	ial report is true enipowered to ess.	and accu execute t	for the exemption stated in Section 119.07 rate and that my signature shall have the sar his report as required by Chapter 607, Florid	(3)(k), Florida Sta me legal effect a la Statutes; and	stutes. I further s if made under that my name	

SIGNATURE: Charles to the total and typed on printed hame of signing officer of director

1/29/96 (317) 580-8289