


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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837016 (5)
1. Corporation Name
GEUPEL DEMARS, INC.



Principal Place of Business 1919 NORTH MERIDIAN STREET P.O. BOX 887 INDIANAPOLIS IN 46206	Mailing Address 1919 NORTH MERIDIAN STREET P.O. BOX 887 INDIANAPOLIS IN 46206-0887
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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	3. Date Incorporated or Qualified 09/14/1976	3a. Date of Last Report 05/01/1996
		4. FEI Number 35-1163733	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 FL
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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	PD	1.1 TITLE	V
NAME	MCALLEN, DAVID D.	1.2 NAME	DAVID A. HALL
STREET ADDRESS	1919 N. MERIDIAN ST.	1.3 STREET ADDRESS	1919 N. MERIDIAN ST.
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN.
TITLE	VD	2.1 TITLE	D
NAME	PETERSON, MICHAEL A.	2.2 NAME	DAN R. DEMARS
STREET ADDRESS	1919 N. MERIDIAN ST.	2.3 STREET ADDRESS	1919 N. MERIDIAN ST.
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	VD	3.1 TITLE	D
NAME	GREENE, TERRY G.	3.2 NAME	RICHARD B. DEMARS
STREET ADDRESS	1919 N. MERIDIAN ST.	3.3 STREET ADDRESS	1919 N. MERIDIAN ST.
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	V	4.1 TITLE	
NAME	GALBREATH, JOHN L	4.2 NAME	
STREET ADDRESS	1919 N. MERIDIAN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	HAMMOND, GILBERT P. J	5.2 NAME	
STREET ADDRESS	1919 N. MERIDIAN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: X  MICHAEL A. PETERSON 2-16-97 (317)924-9192

CR2E034 (9/96)