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PROFIT CORPORATION **ANNUAL REPORT** 

1997

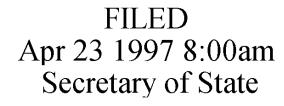


## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 837016** 

(5)



Principal Place	L DEMARS, INC.	Mailing Address			
Principal Place of Business 1919 NORTH MERIDIAN STREET P.O. BOX 887 INDIANAPOLIS IN 46206		1919 NORTH MERIDIAN STREET P.O. BOX 887 INDIANAPOLIS IN 46206-0887			
				3. Date Incorporated or Qualified	3a. Date of Last Report
6 Dringing C	Place of Business	An Malling Address		<b>09/14/1976 4.</b> FEI Number	05/01/1996
21	TACE OF DUSINESS	2a. Mailing Address		35-1163733	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			<b>99.75</b> Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
	CORPORATION SYSTEM				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FU	MINION FL 33324		83		
			<b>B4</b> City		FL 85 Zip Code
<b>of</b> fice or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE		,			
SIGNATURE	Signature typed or printed name of registered age	ent and title it applicable (NO	TE Rog stered Agent signature requ		DAY!
SIGNATURE	OFFICERS AN	ent and title if applicable (NO	TE Rog stered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN	ent and title it applicable (NO	TE Registered Agent signature requirements.  1.1 TITLE	ADDITIONS/CHANGES TO OFFI	
SIGNATURE 12. TITLE NAME	OFFICERS AN PD MCALLEN, DAVID D.	ent and title if applicable (NO	11 Reg stered Agent segnature required. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
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am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes or on an automicinal with an address.