

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

**FILED**  
**Jul 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F25647 (1)**  
 1. Corporation Name  
**POLACORP, INC.**



Principal Place of Business <b>8202 CLEARVISTA PKWY                  STE 2D                  INDOLS IN 46256                  US</b>	Mailing Address <b>8202 CLEARVISTA PKWY, STE 2D                  INDIANAPOLIS IN 46256-1428                  US</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/17/1981</b>	<b>3a.</b> Date of Last Report <b>02/21/1996</b>
<b>4.</b> FEI Number <b>59-2069019</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**POLAK, BETTY K**  
**109 WILD OAK CIRCLE**  
**LONGWOOD FL 32779**

**10. Name and Address of New Registered Agent**  
**81** Name **E. John Lopez**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1819 Main St. Suite 610**  
**83**  
**84** City **Sarasota** **FL** **85** Zip Code **34236**

**11.** Pursuant to the provisions of Sections 607.04-02 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 *E. John Lopez* **E. John Lopez** **6-30-97**  
 Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLAK, BRADLEY T</b>	
STREET ADDRESS	<b>8202 CLEARVISTA PWK BD 2</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>POLAK, CHRISTOPHER K</b>	
STREET ADDRESS	<b>8202 CLEARVISTA PWK BD 2</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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 in the attachment with an address.

SIGNATURE *[Signature]* **President** **4/21/97** **(317) 842-0600**

CR2E034 (9/96)