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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F91513

(4)

DOCUMENT #

1. Corporation Name

"DEBTOR IN POSSESSION"

|  | DA A A C CORPORATION  | Mailing Address                                   |  | <del></del> -                                  |                                       |  |                                |                        |                   |
|--|---|---|--|--|---------------------------------------|--|--------------------------------|------------------------|-------------------|
| Principal Place<br>11550 N. ME   |   | 11550 N. MERIDIAN ST                              | ſ  |  |                                       |  |                                |                        |                   |
| STE 600<br>CARMEL IN 4   | 46032   | STE 600<br>Carmel in 46032                        |  |  |                                       |  |                                |                        |                   |
| ONLINET IN   | 1000  | •   |  |  |                                       | 3. Date Incorporated or Qualified 07/21/1982   | 3a. Date 0                     | of Last Re<br>4/27/199 | port<br>5         |
| 2. Principal Pla   | ace of Business   | 2a. Mailing Address                               |  |  |                                       | 4. FEI Number  | . I                            | <b>⊢</b>               | pplied For        |
| 21   |   | 26  |  |  |                                       |  |                                |                        | lot Applicable    |
| Suite, Apt. #  | #, etc.   | h   | Suite, Apt. #, €tc.<br>□   |  |                                       | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |                        |                   |
| City & State   |   | City & State                                      | City & State   |  |                                       | 6. Election Campaign Financing   | \$5.00 May Be                  |                        |                   |
| 23   | •   | 28  |  |  | Trust Fund Contribution               | LJ Added to Fees   |                                |                        |                   |
| Zip  | Country   | Zip Country                                       |  |  | 8. This corporation has liability for |  | ix under s                     | 199.032,               |                   |
| 24   | 25  | 29  | 30   |  |                                       | Florida Statutes X Yes  10. Name and Address of New                                    | S No<br>Realstered             | Agent                  |                   |
|  | 9. Name and Address of Curre  | nt Registered Agent                               |  | 81   | Name                                  | TO. Harris and Addition of their   |                                |                        |                   |
| CT COP   | RPORATION SYSTEM  |   | ļ.   |  |                                       | ddress (P.O. Box Number is Not Accepta   | hla)                           |                        |                   |
|  | PINE ISLAND ROAD  |   |  | 82 Street Add                                  |                                       | doress (F.O. Box Number is Not Accepta   | DIO)                           |                        |                   |
|  | ATION FL 33324  |   | 1  | 83   |                                       |  |                                |                        |                   |
|  |   |   | 1  | B4   | City                                  |  | <u> </u>                       | 85 Zg                  | Code              |
|  |   |   |  | l  |                                       | rporation submits this statement for the popular of directors. I hereby accept the app | FL                             | anging its r           | enistered office  |
| SIGNATURE  | th, and accept the obligations of, Sec<br>Signature, typod or printed name of registered agor | nt and title if applicate (NC                     | ) E Registered /   | Agen   | it signature re                       | g ired wher reinstating)  ADDITIONS/CHANGES TO OF                                      | DATE<br>FICERS AND             | DIRECTO                | RS IN 12          |
| 12.  | OFFICERS AN   | ND DIRECTORS  *********************************** | 13.<br>1. 1 Tü   | ΠF   |                                       | PRESIDENT & CEO  |                                | Change                 | <b>⊠</b> Addition |
| TITLE  | FERRERO, LOUIS P.   | K) become   | 1.2 NA   |  |                                       | P. Lang Lowrey, III  |                                |                        |                   |
| STREET ADDRESS   | 11550 N MERIDIAN ST   |   | 1.3 STA  | REET   | ADDRESS                               | 11550 N. Meridian Str  | eet, S                         | te. 60                 | 00                |
| C(TY-ST-71P  | CARMEL IN   |   |  |  |                                       | Carmel, IN 46032   |                                |                        | - Lare-           |
| TITLE  | VSD   | ☐ DEFE.Æ  | 2 1 11   | TLE  | Î                                     |  |                                | Change                 | ☐ Addition        |
| NAME   | ATER, WILLIAM C.<br>11550 N MERIDIAN ST   |   | 2 2 NA   |  |                                       |  |                                |                        |                   |
| STREET ADDRESS   | CARMEL IN   |   |  |  | ADDRESS                               |  |                                |                        |                   |
| CITY-ST-ZIP<br>TITLE   | V   | <b>₹</b> DELETE                                   | 2 4 CIT  |  |                                       | Vice President   |                                | ☐ Change               | Addition          |
| NAME   | O'DONNELL, JACK R   | n.  | 3 2 NA   |  | ļ                                     | Donald L. Viles  |                                |                        |                   |
| STREET ADDRESS   | 11550 N MERIDIAN ST   |   | 3 3 ST   | REE  | t address                             | 11550 N. Meridian Str  | reet, S                        | te. 6                  | 00                |
| CITY - ST - ZIF  | CARMEL IN   |   | 3 4 01   |  | ST-ZIP                                | Carmel, IN 46032   |                                | Channe                 | Addition          |
| TITLE  | V   | (T) DELETE  | 4, 1 TI  | TLE  |                                       |  |                                | ☐ Change               | ☐ Vooning);       |
|  | EIEE K GODDON   | ☐ DELETE  |  |  |                                       |  |                                |                        |                   |
| NAME   | FIFE, K GORDON  |   | 4.2 NA   |  | T ADDOCCO 1                           |  |                                |                        |                   |
| STREET ADDRESS   | 11550 N MERIDIAN ST   | [] DELETE   | 4.2 NA<br>4.3 ST   | REET   | T ADDRESS                             |  |                                |                        |                   |
| STREET ADDRESS<br>CITY-S1-ZIP  |   | DELETE  | 4.2 NA<br>4.3 ST   | REET   | T ADDRESS<br>ST-ZIP                   |  |                                | ☐ Change               | Addition          |
| STREET ADDRESS<br>CITY+ST+ZIP<br>THILE   | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.                                 |   | 4.2 NA<br>4.3 ST<br>4.4 C <sup>1</sup>   | REET<br>TY-S                                   | ST - ZIP                              |  |                                | ☐ Change               | Addition          |
| STREET ADDRESS<br>CITY-S1-ZIP  | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.<br>11550 N MERIDIAN ST          |   | 4.2 NA<br>4.3 ST<br>4.4 C <sup>1</sup><br>5 1 Ti<br>5 2 NA   | REET<br>TY-S<br>TLE                            | ST - ZIP                              |  |                                | ☐ Change               | Addition          |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME  | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.                                 | ☐ DELETE  | 4.2 NA<br>4.3 ST<br>4.4 C <sup>1</sup><br>5 1 TI<br>5 2 NA<br>5 3 ST<br>5.4 CI                                 | REET<br>TY-S<br>ITLE<br>AME<br>REET<br>TY-S    | ST-ZIP<br>T ADORESS<br>ST-ZIP         |  |                                |                        |                   |
| STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS                           | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.<br>11550 N MERIDIAN ST          |   | 4.2 NA<br>4.3 ST<br>4.4 CF<br>5 1 TI<br>52 NA<br>53 ST<br>5.4 CF<br>6 1 TI                                     | REET TY-S TLE TME TY-S TY-S TLE                | ST-ZIP<br>T ADDRESS<br>ST-ZIP         |  |                                | ☐ Change               | Addition          |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME    | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.<br>11550 N MERIDIAN ST          | ☐ DELETE  | 4.2 NA<br>4.3 ST<br>4.4 C <sup>D</sup><br>5 1 TI<br>5 2 NA<br>5 3 ST<br>5.4 CI<br>6 1 TI<br>6 2 NA             | REET TY-S ITLE AME TY-S ITLE AME               | ST-ZIP<br>T ADDRESS<br>ST-ZIP         |  |                                |                        |                   |
| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE | 11550 N MERIDIAN ST<br>CARMEL IN<br>AS<br>BELLAMY, SUZANNE S.<br>11550 N MERIDIAN ST          | ☐ DELETE  | 4.2 NA<br>4.3 ST<br>4.4 C <sup>1</sup><br>5 1 Til<br>5 2 NA<br>5 3 ST<br>5.4 CC<br>6 1 Til<br>6 2 NA<br>6 3 ST | REET TY-S TLE AME TY-S TLE TY-S TLE TY-S TREET | ST-ZIP<br>T ADDRESS<br>ST-ZIP         |  |                                |                        |                   |

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.

K. Gordon Fife, Vice President 4/12/96 317/844-9666

Date Dayling OFFICER OR DIRECTOR