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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1.		MENT ON SIMO	# F93000 DN, INC.	004920 (8	5)					
Principal Place of Business 115 WEST WASHINGTON STREET MERCHANTS PLAZA INDIANAPOLIS IN 48204 US				Mailing Address PO BOX 7066 TAX DEPT. INDIANAPOLIS IN 46207 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1993		
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21				26				35-1902072	Not Applicable	
П	Suite, Apt. #, etc			Suite, Apt. #, etc.				S Contingte of Status Desiron	75 Additional	
22	O'r a Coata			27					ee Required	
23	City & State]			City & State					5.00 May Be	
23	Zip Country			Zip Country			<u> </u>	This corporation owes or has paid the current year.		
24	•		25	29	30	•		Personal Property Tax due June 30. Yes		
		9, Name	and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						81 82 83	Name Street Addr	ess (P.O. Box Number is Not Acceptable)		
						84	City	FL 85	Zip Code	
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								ging its registered int as registered		
12		Signature, typed	or printed name of registered agent OFFICERS AND		(NOTE Registere	d Age	ent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOPS IN 12	
TIT		PD	OF ICERS AND	DELETE		TLE		CI		
1	ME	SIMON,	MELVIN	· · · · · · · · · · · · · · · · · · ·	1.2 N			_		
	STREET ADDRESS CITY-SI-ZIP INDIANAPOLIS IN 46204			,,,,			ADDRESS T-ZIP			
TIT		V		DELETE	2.1 T(□ cı	ange Addition	
NA.	NAME SHOON, DAVID				2.2 N/	2.2 NAME				
STREET ADDRESS 115 W. WASHINGTON ST, MERC			rchants plaza	2.3 S1	REET	ADDRESS				
CIT	Y-ST-ZIP		VPOLIS IN 46204		2.40	ITY-S	ST - ZIP			
TIT	ľ	ST	OLAMA I	☐ DELETE	3 1 TI			□ Cr	ange Addition	
NA.	ľ	KATZ, W			3.2 N					
1	reet adoress		i. Meridian St. L In 46032		1		ADDRESS			
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ı	Y-ST-ZIP				5 4 CI					
TIT				☐ DELETE				☐ CI	ange Addition	
NA	ME				6.2 N	ME				
l ste	REET ADDRESS				6351	AFFT	ADDRESS			

14. Thereby 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 supplimental 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:

4.20.98

FILED

Apr 29 1998 8:00am

Secretary of State

317-636-1600