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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address			
6555 EAST 30TH STREET INDIANAPOLIS IN 46219	6555 EAST 30TH STREET INDIANAPOLIS IN 46219			

## **FILED** Jan 16 1998 8:00am Secretary of State

	MENT # F95000 ACQUISITION CORPORATION		)			
Principal Plac	ce of Business	Mailing Address				ii odisi didit adidi (isal tibi tabi
	30TH STREET	6555 EAST 30TH STRE				
INDIANAPOL	12 IV 4051A	Indianapolis in 4621	9		DO NOT WRITE IN TI	HIS SPACE
					3. Date Incorporated or Qualified	110 07702
					08/21/1995	
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt	. #, <b>6</b> {C.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	to	City & State				Fee Required
23		28			6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7()	Country		This corporation owes or has paid the	
24	25	29	30		Personal Properly Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Register	red Agent
	KSTIS, REX		81	Name		
	34 SHELINE RD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
HA	VANA FL 32304		i_			
			83			
			84	City		<b>85</b> Zip Code
44 0	10.000000000000000000000000000000000000	00774500 50 11 0				-L
office or agent. La	registered agent, or both, in the State came familiar with, and accept the obligations.	r and 607, 1508, Florida Stati of Florida Such change was tions of, Soction 607.0505, F	utes, the above- s authorized by t Florida Statutes.	named corp the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·				
12.	Signature, typed or printed name of registered agen OFFICERS AND		OIL Registered Agent	signature requir	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	WELCH, CHRIS		1.2 NAME			
STREET ADDRESS	404 REGENTS PARK LANE		1.3 STREET A	DORESS		
CHTY-ST-ZIP	NOBLEVILLE IN		1.4 CITY - S1 -	ZIP		
TITLE	8	DELF1E	2.1 TITLE			☐ Change ☐ Addition
NAME	SUTPHIN, SAM		2.2 NAME			
STREET ADDRESS	6601 WEST 96TH STREET		2.3 STREET AL	ODRESS	٠,	
CITY-ST-ZIP	ZIONSVILLE IN 46077		2. 4 CITY - ST	- ZIP		
TITLE		L DELETE	3.1 TITLE			Change Addition
NAME CLOSEL ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREFT AI			
CITY-ST-ZIP TITLE	<b>—————————————————————————————————————</b>	DELETE	3.4 CITY-ST- 4.1 TITLE	ZIP		Change Addition
NAME	ن مردرو		4.1 THEE	ľ		FT cuards FT Woorfigg
STREET ADDRESS			4.3 STREET AS	ADBEGG		
CITY-ST-ZIP			4.4 CITY - ST -			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET AC	DDRESS		
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP			6.4 CITY - S1 -	ZIP		

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 supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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 3 if changed, or or an attachment with an address.