

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003585 (4)

1. Corporation Name

C P M CONSTRUCTION PLANNING AND MANAGEMENT INC

Principal Place of Business

10053 N. HAGUE ROAD
INDIANAPOLIS IN 46256

Mailing Address

10053 N. HAGUE ROAD
INDIANAPOLIS IN 46256-3310



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 N/A		2a N/A		07/16/1996		N/A	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		27 City & State		35-1488211		Not Applicable	
24 Zip		28 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		29 Country		X		5.00 May Be Added to Fees	
26		30		6. Election Campaign Financing Trust Fund Contribution		N/A	
27		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
28		32		X		No	

9. Name and Address of Current Registered Agent

OVERTON, CRAIG S
S.E. 102ND & US 441
BELLEVUE FL 34421

10. Name and Address of New Registered Agent

81 Name N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signatures typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	Change Addition
NAME	WILLIAMS, JEROME H	1.2 NAME	N/A
STREET ADDRESS	12695 E. 65TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN 46236	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	Change Addition
NAME	WILLIAMS, MARY J	2.2 NAME	
STREET ADDRESS	12695 E. 65TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN 46236	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	Change Addition
NAME	WILLIAMS, JEFF	3.2 NAME	
STREET ADDRESS	10053 N. HAGUE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS IN 46256	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 on an attachment with an address.

SIGNATURE:

Jeff Williams Secretary/Treasurer 4-15-97 317-842-8040
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)