

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02491

(9)

1. Corporation Name

PLANTATION-SIMON, INC.



JAN 16 REC'D

Principal Place of Business

115 W. WASHINGTON ST.
TAX DEPARTMENT
INDIANAPOLIS IN 46204
US

Mailing Address

P O BOX 7066
TAX DEPARTMENT
INDIANAPOLIS IN 46207

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/21/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

35-1607021

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

DAY

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	SIMON, HERBERT	8765 PINE RIDGE DRIVE	INDIANAPOLIS IN	☐
VPAS	SIMON, DAVID E.	10555 HUSSEY LANE	CARMEL IN	☐
TS	FOXWORTHY, RANDOLPH L.	1429 PRESTON TRAIL	INDIANAPOLIS IN	☐
TS	GREENWALD, LAWRENCE	10832 COURAGEOUS DR.	INDIANAPOLIS IN	☐
D	SIMON, MELVIN	10110 DITCH ROAD	CARMEL IN	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
3. TITLE	3. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
7. TITLE	7. NAME	7. STREET ADDRESS	7. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
8. TITLE	8. NAME	8. STREET ADDRESS	8. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
9. TITLE	9. NAME	9. STREET ADDRESS	9. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
10. TITLE	10. NAME	10. STREET ADDRESS	10. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
11. TITLE	11. NAME	11. STREET ADDRESS	11. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
12. TITLE	12. NAME	12. STREET ADDRESS	12. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
13. TITLE	13. NAME	13. STREET ADDRESS	13. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
14. TITLE	14. NAME	14. STREET ADDRESS	14. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
15. TITLE	15. NAME	15. STREET ADDRESS	15. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
16. TITLE	16. NAME	16. STREET ADDRESS	16. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
17. TITLE	17. NAME	17. STREET ADDRESS	17. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
18. TITLE	18. NAME	18. STREET ADDRESS	18. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
19. TITLE	19. NAME	19. STREET ADDRESS	19. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
20. TITLE	20. NAME	20. STREET ADDRESS	20. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
21. TITLE	21. NAME	21. STREET ADDRESS	21. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
22. TITLE	22. NAME	22. STREET ADDRESS	22. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
23. TITLE	23. NAME	23. STREET ADDRESS	23. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
24. TITLE	24. NAME	24. STREET ADDRESS	24. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
25. TITLE	25. NAME	25. STREET ADDRESS	25. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
26. TITLE	26. NAME	26. STREET ADDRESS	26. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
27. TITLE	27. NAME	27. STREET ADDRESS	27. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
28. TITLE	28. NAME	28. STREET ADDRESS	28. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
29. TITLE	29. NAME	29. STREET ADDRESS	29. CITY-STATE-ZIP	5. ☐ Change ☐ Addition
30. TITLE	30. NAME	30. STREET ADDRESS	30. CITY-STATE-ZIP	5. ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13. I declare this on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Simon 3/13/96 (317)263-2282

CR2E034 (12/95)