FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P02491** **(9)**

1. Corporation Name

PLANTATION-SIMON, INC.

JAN 1 6 REC'D

Principal Place of Business	Mailing Address
115 W. WASHINGTON ST. TAX DEPARTMENT INDIANAPOLIS IN 46204 US	P O BOX 7066 TAX DEPARTMENT INDIANAPOLIS IN 46207

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, HERBERT		1.2 NAME	
STREET ADDRESS	8765 PINE RIDGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP	
TITLE	VPAS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, DAVID E.		2.2 NAME	
STREET ADDRESS	10555 HUSSEY LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN		2.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FOXWORTHY, RANDOLPH L.		3.2 NAME	
STREET ADDRESS	1429 PRESTON TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		3.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENWALD, LAWRENCE		4.2 NAME	
STREET ADDRESS	10832 COURAGEOUS DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, MELVIN		5.2 NAME	
STREET ADDRESS	10110 DITCH ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Herbert Simon 3/13/96 (317)263-2282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)