

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P25007**

**(6)**

1. Corporation Name  
**SIM-PLANT, INC.**



**JAN 16 REC'D**

Principal Place of Business

**115 W. WASHINGTON ST.  
INDIANAPOLIS IN 46204  
US**

Mailing Address

**PO BOX 7066  
TAX DEPT.  
INDIANAPOLIS IN 46207  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25 9. Name and Address of Current Registered Agent

29 30

3. Date Incorporated or Qualified  
**07/03/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**35-1775762**

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

10. Name and Address of New Registered Agent

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

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 607.1508, 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

Signature of Registered Agent

Signature of Secretary of State

12.1

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, MELVIN</b>	
STREET ADDRESS	<b>115 WASHINGTON ST.#1500E</b>	
CITY-STATE-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, HERBERT</b>	
STREET ADDRESS	<b>115 WASHINGTON ST.#1500E</b>	
CITY-STATE-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENWALD, LAWRENCE</b>	
STREET ADDRESS	<b>115 W. WASHINGTON ST</b>	
CITY-STATE-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, DAVID E</b>	
STREET ADDRESS	<b>115 W. WASHINGTON ST</b>	
CITY-STATE-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>FOXWORTHY, RANDOLPH L.</b>	
STREET ADDRESS	<b>115 WASHINGTON ST.#1500E</b>	
CITY-STATE-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)