

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

FILED

**May 14 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P25007 (6)
1. Corporation Name
SIMPLANT, INC.

3799



Principal Place of Business
**115 W. WASHINGTON ST.
INDIANAPOLIS IN 46204
US**

Mailing Address
**PO BOX 7066
TAX DEPT.
INDIANAPOLIS IN 46207-7066
US**

3. Date Incorporated or Qualified
07/03/1989

3a. Date of Last Report
03/18/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 35-1775762	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

9. Name and Address of Current Registered Agent				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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, MELVIN	1.2 NAME	
STREET ADDRESS	115 WASHINGTON ST.#1500E	1.3 STREET ADDRESS	
CITY, ST, ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, HERBERT	2.2 NAME	
STREET ADDRESS	115 WASHINGTON ST.#1500E	2.3 STREET ADDRESS	
CITY, ST, ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, LAWRENCE	3.2 NAME	
STREET ADDRESS	115 W. WASHINGTON ST	3.3 STREET ADDRESS	
CITY, ST, ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, DAVID E	4.2 NAME	
STREET ADDRESS	115 W. WASHINGTON ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOXWORTHY, RANDOLPH L.	5.2 NAME	
STREET ADDRESS	115 WASHINGTON ST.#1500E	5.3 STREET ADDRESS	
CITY, ST, ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Herbert Simon Date: 4-25-97 Daytime Phone: 3172632325

CR2E034 (9/96)