

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

95 MAY - 1 PM 0:02

DOCUMENT # F94000006518  
1. Corporation Name

Project Indy, Inc.

700001476797  
-05/05/95--01014--011  
\*\*\*200.00 \*\*\*200.00

Principal Place of Business Mailing Address  
Indiana 434 Main Street  
Brownsburg, IN 46112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified December 21, 1994  
3a. Date of Last Report N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	351909099	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	No <input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	No <input type="checkbox"/>
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Abbey Kaplan  
1970 Miami Center  
201 South Biscayne Boulevard  
Miami, FL 33131

81 Name	85 Zip Code
82 Street Address (P O Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andreas Leberle	12 NAME	
STREET ADDRESS	8606 Lafayette Road	13 STREET ADDRESS	
CITY- ST- ZIP	Indianapolis, IN 46278	14 CITY- ST- ZIP	
TITLE	President/Secretary	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andreas Leberle	22 NAME	
STREET ADDRESS	8606 Lafayette Road	23 STREET ADDRESS	
CITY- ST- ZIP	Indianapolis, IN 46278	24 CITY- ST- ZIP	
TITLE	Treasurer	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Leberle	32 NAME	
STREET ADDRESS	8606 Lafayette Road	33 STREET ADDRESS	
CITY- ST- ZIP	Indianapolis, IN 46278	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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 110 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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Andreas Leberle (Date) 4-25-95 (317) 582-3086  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andreas Leberle, President, Project Indy, Inc.

*Handwritten initials*