

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

APPROVED AND FILED

1996 APR 12 AM 10:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004011 (1)

1. Corporation Name
C & S ACQUISITION CORPORATION

Principal Place of Business
6555 EAST 30TH STREET INDIANAPOLIS IN 46219

Mailing Address
6555 EAST 30TH STREET INDIANAPOLIS IN 46219

2. Principal Place of Business
21 **6555 EAST 30TH STREET**
Suite, Apt. #, etc.
22
City & State
23 **INDIANAPOLIS, INDIANA**
Zip Country
24 **46219** 25 **USA.**

2a. Mailing Address
26 **6555 EAST 30TH STREET**
Suite, Apt. #, etc.
27
City & State
28 **INDIANAPOLIS, INDIANA**
Zip Country
29 **46219** 30 **U.S.A**

3. Date Incorporated or Qualified **08/21/1995** 3a. Date of Last Report **8/21/95**

4. FEI Number **NOT APPLICABLE** 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

9. Name and Address of Current Registered Agent
**REKSTIS, REX
3334 SHELINE RD
HAVANA FL 32304**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the corporation. (NAME of Registered Agent Required in spaces where blank)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WELCH, CHRIS | |
| STREET ADDRESS | 6380 NORTH PARK | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46220 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | SUTPHIN, SAM | |
| STREET ADDRESS | 801 WEST 96TH STREET | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46077 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Welch, Chris | |
| 1.3 STREET ADDRESS | 404 Regency Park Drive | |
| 1.4 CITY-ST-ZIP | Noblesville, INDIANA 46060 | |
| 2.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Sutphin, Sam | |
| 2.3 STREET ADDRESS | 6608 West 96th Street | |
| 2.4 CITY-ST-ZIP | Zionsville, INDIANA 46077 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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****208.75 ****208.75**

Handwritten: **4/8/96** **317-547-7621**

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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Chris Welch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (12/95)