

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90002 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000004011**

1. Corporation Name  
**C & S ACQUISITION CORPORATION**



Principal Place of Business  
~~6955 EAST 30TH STREET~~  
~~INDIANAPOLIS IN 46219~~

Mailing Address  
~~6955 EAST 30TH STREET~~  
~~INDIANAPOLIS IN 46219~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/21/1995**

2. Principal Place of Business  
 21 **3603 E. Raymond Street**

2a. Mailing Address  
 26 **3603 E. Raymond Street**

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 **Indianapolis IN**  
 Zip **46203** Country **USA**

27 **Indianapolis IN**  
 Zip ~~46203~~ **46203** Country **USA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

~~RERSIS, REX~~  
~~3334 SHELINE RD~~  
~~HAVANA FL 32304~~

10. Name and Address of New Registered Agent

81 Name **Corporate Agents The Corporation Service Company**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
~~1013 Centre Road~~ **1201 Hays Street**  
 84 City **Wilmington Delaware** FL 85 Zip Code **32301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WELCH, CHRIS</b>	1.2 NAME	
STREET ADDRESS	<b>404 REGENTS PARK LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NOBLEVILLE IN</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SUTPHIN, SAM</b>	2.2 NAME	
STREET ADDRESS	<b>6601 WEST 96TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZIONSVILLE IN 46077</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

317-791-2901

Date Daytime Phone #

CR2E034 (11/98)