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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 391987

(5)

TAMPA WEST INDUSTRIAL PARK, INC.

FILED Mar 03 1997 8:00am Secretary of State



Principal Place of Business 715 N SHERRILL STREET P.O. BOX 23943 TAMPA FL 33609 US		Mailing Address				- I VARINDO CIRILE VALLAN FIRMA TRINCI ARANG HUBAN RIBAN BIRAN BIR			
		P.O. BOX 23943 P.O. BOX 23943 TAMPA FL 33623-3943 US							
					3. Date Incorporated or Qualified 11/29/1971 3a. Date of Last Report 03/26/1996			Report	
2. Principal 21	l Prace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-1577176			opplied For
Suite, Ap	ot #, etc	Suite, Apt. #, etc			*****	5. Certificate of Status Desired			Additional Required
City & Si	tate	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country	Zip	⊢	ıntry		8. This corporation has tiability for in	tangible ta		s. 199.032,
24]	25 25 9. Name and Address of Curr	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	Т		10. Name and Address of New Reg			
KD	RAUSS, ELMER J.			81	Name				
	5 N SHERRILL STREET								
	MPA FL 33609			82	Street Addi	ress (P.O. Box Number is Not Acceptabl	e)		
10	HALV LF 22008			83		The second secon			
				84	City	***************************************	6 1	85 Zip	Code
						poration submits this statement for the pution's board of directors. I hereby accep	FL		·
ageni SIGNATURI	Lam familiar with land accept the ob- Ellipsian typed or probatinanc of rejistered	ligations of, Section 607.0505, lagent and trile it applicable.	Florida Stal	tutes). 	red when reinslating)	DATE		***
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Change	
THILE	PC FINES I	DELETE	1.1 11				L	Change	Additio
NAME	KRAUSS, ELMER J 715 N SHERRILL STREET		1.2 N						
STREET ADDRES	TAMPA, FL 00000				ADDRESS				
C:TY - ST - ZIP TITLE	TS	DELETE	2.1 Tr	ITY-S	r-ZiP		r	Change	Addition
NAME	SLATTER, MARY E.		2.1 N		\				
STREET ADDRES	THE MICHIGANIA CTOCCT				ADDRESS				
CITY-ST-ZIF	TAMPA FL		1		ST-ZIP				
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NAME			32 N	AME					
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NAME			4.21	NAME					
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NAME			5.2 N	AME	}				
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NAME	(6.2 N						
STREET ADDRES	65		6.3 S	TREET	ADDRESS				
CITY - \$1 - 21P			6.4 C	ITY-5	T-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 Brock 12 or Block 13 in charge 4, or op an apachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97 813-289-3180