

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 NOV -4 PM 2: 17

1. Name of Limited Partnership WEST INDY BROTHERS LIMITED PARTNERSHIP	1a. DOCUMENT # A96000000179
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Mailing Address 1413 S. HOWARD AVE. STE. 203 TAMPA FL 33606	Principal Office Address 1413 S. HOWARD AVE. STE. 203 TAMPA FL 33606	3. Date Formed or Registered 01/22/1996	5a. Capital Contributions as Shown on record. \$6,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 2099 ⁰⁰
2. Mailing Address 209 S. HOWARD AVE Suite, Apt. #, etc.	2a. Principal Office Address 209 S. HOWARD AVE Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3308077
City & State TAMPA, FL	City & State TAMPA, FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33606-1726	Zip 33606-1726	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent BEWS, JOHN H JR. 1413 S. HOWARD AVE. STE. 203 TAMPA FL 33606	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 209 S. HOWARD AVE. Suite, Apt. #, etc. City TAMPA FL Zip Code 33606
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10a. Pursuant to the provisions of sections 820.1051 and 820.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 820.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BEWS, JOHN H JR. DAVIS, STACY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 408 ARLINGTON AVE. E 5906 LAROSA LANE	11b. City, State & Zip Code OLDSMAR FL 34677 APOLLO BEACH FL 33572	11c. Registration/Document Number 400002002864--9 -11/13/96--01105--010 ****191.25 ****191.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

10-29-96

Typed or Printed Name of General Partner Signing Form

JOHN H. BEWS, JR.

Daytime Telephone Number

(813) 258-3925