

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003555 (0)

1. Corporation Name

TAMPA NORTH AERO PARK, INC.

Principal Place of Business

9102 NORTH MERIDIAN STREET, SUITE 300
INDIANAPOLIS IN 46260

Mailing Address

9102 NORTH MERIDIAN STREET, SUITE 300
INDIANAPOLIS IN 46260



2. Principal Place of Business	2a. Mailing Address
21 9000 Keystone Crossing	26 9000 Keystone Crossing
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1000	27 Suite 1000
City & State	City & State
23 Indianapolis, Indiana	28 Indianapolis, Indiana
Zip Country	Zip Country
24 46240	29 46240
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/02/1993	03/17/1995
4. FEI Number	Applied For
35-1893425	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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

*BRAMMER, CHARLES W SR.
4241 BIRDSONG BLVD.
LUTZ FL 33549-6294

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRAMMER, TIMOTHY F	
STREET ADDRESS	9102 NORTH MERIDIAN STREET, SUITE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRAMMER, CHARLES W SR.	
STREET ADDRESS	4241 BIRDSONG BLVD.	
CITY-ST-ZIP	LUTZ FL 33549-6294	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRAMMER, JAY A	
STREET ADDRESS	9102 NORTH MERIDIAN STREET, SUITE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHOGER, NEAL G	
STREET ADDRESS	9102 NORTH MERIDIAN STREET, SUITE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9000 Keystone Crossing Suite 1000
14 CITY-ST-ZIP	Indianapolis, IN 46240
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	9000 Keystone Crossing, Suite 1000
34 CITY-ST-ZIP	Indianapolis, IN 46240
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	600001851066
43 STREET ADDRESS	-06/04/96--01172--023
44 CITY-ST-ZIP	***225.00
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Harry F. Todd
53 STREET ADDRESS	9000 Keystone Crossing, Suite 1000
54 CITY-ST-ZIP	Indianapolis, IN 46240
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	John M. Hennessey
63 STREET ADDRESS	9000 Keystone Crossing, Suite 1000
64 CITY-ST-ZIP	Indianapolis, IN 46240

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of the 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

(317) 816-9000

Date

Daytime Phone #

CR2E034 (12/95)