

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**

3. Date Incorporated or Qualified: **08/02/1993**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **35-1893425**
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

2. Principal Place of Business: **21 9000 Keystone Crossing Suite 1000 Indianapolis, Indiana 46240**
2a. Mailing Address: **26 9000 Keystone Crossing Suite 1000 Indianapolis, Indiana 46240**

9. Name and Address of Current Registered Agent: **BRAMMER, CHARLES W SR. 4241 BIRDSONG BLVD. LUTZ FL 33549-6294**
10. Name and Address of New Registered Agent: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): [Blank] 83 [Blank] 84 City: [Blank] 85 Zip Code: FL**

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD	NAME: BRAMMER, TIMOTHY F	1.1 TITLE: [Blank]	9000 Keystone Crossing Suite 1000 Indianapolis, IN 46240
STREET ADDRESS: 9102 NORTH MERIDIAN STREET, SUITE 300 INDIANAPOLIS IN 46260	CITY-ST-ZIP: INDIANAPOLIS IN 46260	1.2 NAME: [Blank]	1.3 STREET ADDRESS: [Blank]
TITLE: VD	NAME: BRAMMER, CHARLES W SR.	2.1 TITLE: [Blank]	Vice President
STREET ADDRESS: 4241 BIRDSONG BLVD. LUTZ FL 33549-6294	CITY-ST-ZIP: LUTZ FL 33549-6294	2.2 NAME: [Blank]	9000 Keystone Crossing, Suite 1000 Indianapolis, IN 46240
TITLE: S	NAME: BRAMMER, JAY A	3.1 TITLE: [Blank]	600001851066 -06/04/96--01172--023 ***225.00
STREET ADDRESS: 9102 NORTH MERIDIAN STREET, SUITE 300 INDIANAPOLIS IN 46260	CITY-ST-ZIP: INDIANAPOLIS IN 46260	3.2 NAME: [Blank]	Secretary Harry F. Todd
TITLE: T	NAME: SHOGER, NEAL G	4.1 TITLE: [Blank]	Treasurer John M. Hennessey
STREET ADDRESS: 9102 NORTH MERIDIAN STREET, SUITE 300 INDIANAPOLIS IN 46260	CITY-ST-ZIP: INDIANAPOLIS IN 46260	4.2 NAME: [Blank]	9000 Keystone Crossing, Suite 1000 Indianapolis, IN 46240
TITLE: [Blank]	NAME: [Blank]	4.3 STREET ADDRESS: [Blank]	[Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: [Blank]	[Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME: [Blank]	[Blank]
TITLE: [Blank]	NAME: [Blank]	5.3 STREET ADDRESS: [Blank]	[Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: [Blank]	[Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: [Blank]	[Blank]
TITLE: [Blank]	NAME: [Blank]	6.3 STREET ADDRESS: [Blank]	[Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.4 CITY-ST-ZIP: [Blank]	[Blank]

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 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]* DATE: **5/10/96** DAYTIME PHONE #: **(317) 816-9000**

CR2E034 (12/95)

[Handwritten notes and signatures]