

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

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **9000 KEYSTONE CROSSING, SUITE 1000 INDIANAPOLIS IN 46240**  
Mailing Address: **9000 KEYSTONE CROSSING, SUITE 1000 INDIANAPOLIS IN 46240-4628**

3. Date Incorporated or Qualified: **06/02/1993**  
3a. Date of Last Report: **06/04/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		35-1893425		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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				10. Name and Address of New Registered Agent			
<b>BRAMMER, CHARLES W SR. 4241 BIRDSONG BLVD. LUTZ FL 33549-6294</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAMMER, TIMOTHY F</b>	1.2 NAME	
STREET ADDRESS	<b>9000 KEYSTONE CROSSING, SUITE 1000</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>INDIANAPOLIS IN 46240</b>	1.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAMMER, CHARLES W SR.</b>	2.2 NAME	
STREET ADDRESS	<b>4241 BIRDSONG BLVD.</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LUTZ FL 33549-6294</b>	2.4 CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAMMER, JAY A</b>	3.2 NAME	
STREET ADDRESS	<b>9000 KEYSTONE CROSSING, SUITE 1000</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>INDIANAPOLIS IN 46240</b>	3.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TODD, HARRY F</b>	4.2 NAME	
STREET ADDRESS	<b>9000 KEYSTONE CROSSING, SUITE 1000</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>INDIANAPOLIS IN 46240</b>	4.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENNESSEY, JOHN M</b>	5.2 NAME	
STREET ADDRESS	<b>9000 KEYSTONE CROSSING, SUITE 1000</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>INDIANAPOLIS IN 46240</b>	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 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 in 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: John M. Hennessey **JOHN M. HENNESSEY, Treasurer** Date: 1/7/97 Daytime Phone #: 317-816-9000

CR2E034 (9/96)