

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 # 832075 (6)  
1. Corporation Name  
NATIONAL DEVELOPMENT CORPORATION OF FLORIDA



Principal Place of Business

4415 5TH AVE.  
PITTSBURGH PA 15213

Mailing Address

4415 5TH AVE.  
PITTSBURGH PA 15213

3. Date Incorporated or Qualified  
03/29/1974

3a. Date of Last Report  
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

25-1203385

Applied For  
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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, LEWIS  
4215 SOUTHPPOINT BLVD #100  
JACKSONVILLE FL 32216

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BASKIN, SEYMOUR  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

TITLE DP  
NAME ALLEN, JAMES R.  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

TITLE AS  
NAME BELLINO, KATHLEEN A.  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

TITLE D  
NAME KAMIN, MARVIN  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

TITLE VST  
NAME BALSINGER, WILLIAM E.  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

TITLE ASV  
NAME CONNOR, DIANE  
STREET ADDRESS 4415 5TH AVE  
CITY-STATE-ZIP PITTSBURGH PA  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST SECRETARY  
1.2 NAME LINDA BELIGOI  
1.3 STREET ADDRESS 4415 FIFTH AVE  
1.4 CITY-STATE-ZIP PITTSBURGH PA 15213  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
400001743174  
-03/14/96--01055--022  
\*\*\*200.00  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96  
Date

(412) 5787800  
Daytime Phone #

CR2E034 (12/95)

3/14/96

PS