

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1974	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 25-1203385	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANSBACHER, LEWIS 4215 SOUTHPOINT BLVD #100 JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	AVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BASKIN, SEYMOUR			1.2 NAME	Martin Mason		
STREET ADDRESS	4415 FIFTH AVE.			1.3 STREET ADDRESS	4415 Fifth Ave		
CITY-ST-ZIP	PITTSBURGH PA			1.4 CITY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALLEN, JAMES R.			2.2 NAME	Karen Kreutzer		
STREET ADDRESS	4415 FIFTH AVE.			2.3 STREET ADDRESS	4415 Fifth Ave		
CITY-ST-ZIP	PITTSBURGH PA			2.4 CITY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CELIGOI, LINDA			3.2 NAME	Jan Rossi		
STREET ADDRESS	4415 FIFTH AVE.			3.3 STREET ADDRESS	4415 Fifth Ave		
CITY-ST-ZIP	PITTSBURGH PA 15213			3.4 CITY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAMIN, MARVIN			4.2 NAME	Diane G. Connor		
STREET ADDRESS	4415 FIFTH AVE.			4.3 STREET ADDRESS	4415 Fifth Ave		
CITY-ST-ZIP	PITTSBURGH PA			4.4 CITY-ST-ZIP	Pittsburgh, PA 15213		
TITLE	VST	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALSINGER, WILLIAM E.			5.2 NAME			
STREET ADDRESS	4415 FIFTH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			5.4 CITY-ST-ZIP			
TITLE	ASV	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNOR, DIANE			6.2 NAME			
STREET ADDRESS	4415 5TH AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Diane G. Connor* . TRAVIS 4-1498 (412) 578-7800

CR2E034 (10/97)