

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 832075**

1. Entity Name  
**NATIONAL DEVELOPMENT CORPORATION OF FLORIDA**



Principal Place of Business  
**4415 5TH AVE.  
PITTSBURGH, PA 15213**

Mailing Address  
**4415 5TH AVE.  
PITTSBURGH, PA 15213**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**25-1203385**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANSBACHER, LEWIS  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BASKIN, SEYMOUR
STREET ADDRESS	4415 FIFTH AVE.
CITY- ST- ZIP	PITTSBURGH, PA
TITLE	PD
NAME	ALLEN, JAMES
STREET ADDRESS	1001 THIRD AVE. W. SUITE 410
CITY- ST- ZIP	BRADENTON, FL 34205
TITLE	VAS
NAME	KREUTZER, KAREN
STREET ADDRESS	4415 FIFTH AVE.
CITY- ST- ZIP	PITTSBURGH, PA 15213
TITLE	VST
NAME	BALSINGER, WILLIAM
STREET ADDRESS	4415 FIFTH AVE.
CITY- ST- ZIP	PITTSBURGH, PA 15213
TITLE	V
NAME	BELLINO, KATHLEEN
STREET ADDRESS	4415 FIFTH AVE.
CITY- ST- ZIP	PITTSBURGH, PA 15213
TITLE	ASV
NAME	CONNOR, DIANE
STREET ADDRESS	4415 5TH AVE
CITY- ST- ZIP	PITTSBURGH, PA

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02/13/04-80007-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Kathleen Bellino* **Kathleen Bellino**

Date

*1/27/04* **412-578-7828**

Daytime Phone #