2-1-95-B-723 -C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:39

DOCUMENT # J70410 (2)

1. Corporation Name
NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4415 FIFTH AVE. PITTSBURGH PA 15213	4415 FIFTH AVE. PITTSBURGH PA 15213

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1987
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-2825019 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 / Country 25
Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
4215 SOUTHPOINT BLVD
SUITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BASKIN, SEYMOUR	1.2 NAME	
STREET ADDRESS	4415 5TH AVE AT DITHRIDG	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JAMES R.	2.2 NAME	
STREET ADDRESS	4415 5TH AVE AT DITHRIDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KAMIN, MARVIN	3.2 NAME	
STREET ADDRESS	4415 5TH AVE AT DITHRIDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	VST	4.1 TITLE	☐ Change ☐ Addition
NAME	BALSINGER, WILLIAM	4.2 NAME	
STREET ADDRESS	4415 FIFTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	BELLINO, KATHLEEN	5.2 NAME	
STREET ADDRESS	4415 FIFTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	5.4 CITY-ST-ZIP	
TITLE	ASV	6.1 TITLE	☐ Change ☐ Addition
NAME	CONNOR, DIANE	6.2 NAME	
STREET ADDRESS	4415 FIFTH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	

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)(i), 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: Kathleen Bellino 1-17-95 412-578-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen Bellino

0001012 OP