

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 # J70410 (2)
1. Corporation Name
NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, INC.



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

3. Date Incorporated or Qualified 04/28/1987	3a. Date of Last Report 02/01/1995
4. FEI Number 59-2825019	Applied For Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASKIN, SEYMOUR	1 2 NAME	LINDA CENIGOI
STREET ADDRESS	4415 5TH AVE AT DITHRIDG	1 3 STREET ADDRESS	4415 FIFTH AVE
CITY-ST-ZIP	PITTSBURGH PA	1 4 CITY-ST-ZIP	PITTSBURGH PA 15213
TITLE	DP <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4 1 TITLE	300001743203 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALSINGER, WILLIAM	4 2 NAME	-03/14/96--01055--030
STREET ADDRESS	4415 FIFTH AVE.	4 3 STREET ADDRESS	***200.00
CITY-ST-ZIP	PITTSBURGH PA	4 4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

PS 3/14/96

1-20-96 (412) 598-8800