

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K87859** (0)
1. Corporation Name
NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA, SOUTHEAST, INC.



Principal Place of Business

**8001 PARKSIDE DR
PARKLAND FL 33067
US**

Mailing Address

**4415 FIFTH AVE.
PITTSBURGH PA 15213
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/12/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2947290	
24 Country		30 Country		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 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

**NUNES, RONALD
8001 PARKSIDE DR
4215 SOUTHPOINT BLVD
PARKLAND FL 33067**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NUNES, RONALD	
STREET ADDRESS	8001 PARKSIDE DRIVE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BALSINGER, WILLIAM E.	
STREET ADDRESS	4415 5TH AVE @ DITHRIDGE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SASSARD, CHERYL E.	
STREET ADDRESS	4215 SOUTHPOINT BLVD 100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASKIN, SEYMOUR	
STREET ADDRESS	4415 5TH AVE @ DITHRIDGE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CELIGOI, LINDA	
STREET ADDRESS	4415 5TH AVE	
CITY-ST-ZIP	PITTSBURGH PA 15213	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELLINO, KATHLEEN	
STREET ADDRESS	4415 FIFTH AVE.	
CITY-ST-ZIP	PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James R. Allen	
1.3 STREET ADDRESS	4415 Fifth Ave	
1.4 CITY-ST-ZIP	Pittsburgh, PA 15213	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marvin Kamin	
2.3 STREET ADDRESS	4415 Fifth Ave	
2.4 CITY-ST-ZIP	Pittsburgh, PA 15213	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Diane G. Connor	
3.3 STREET ADDRESS	4415 Fifth Ave	
3.4 CITY-ST-ZIP	Pittsburgh, PA 15213	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Martin Mason	
4.3 STREET ADDRESS	4415 Fifth Ave	
4.4 CITY-ST-ZIP	Pittsburgh, PA 15213	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karen Kreutzer	
5.3 STREET ADDRESS	4415 Fifth Ave	
5.4 CITY-ST-ZIP	Pittsburgh, PA 15213	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: *[Signature]* 4/21/98 (412)578-7800

CR2E034 (10/97)