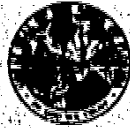


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 8/9/99: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30774 (6)

1. Corporation Name
NATIONAL ASSOCIATION OF OFFICE AND INDUSTRIAL PARKS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1280 S.W. 36TH AVENUE SUITE 303 POMPANO BEACH FL 33069	1280 S.W. 36TH AVENUE SUITE 303 POMPANO BEACH FL 33069

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. Suite 303	26 Suite, Apt. #, etc. Suite 303
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified 02/20/1989	3a. Date of Last Report 03/03/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PARR, JOHN H.
1280 SW 36TH AVENUE
SUITE 303
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WILKINS, ANN M.
STREET ADDRESS	2502 ROCKY POINT DR #720
CITY-ST-ZIP	TAMPA FL
TITLE	VP
NAME	DUNCAN, RONNIE E.
STREET ADDRESS	2295 CORPORATE BLVD. NW #125
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	PARK, CHRISTOPHER
STREET ADDRESS	111 RIVERSIDE AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	DUNCAN, RONNIE
STREET ADDRESS	1499 W. PALMETTO PARK RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	JONES, WILLIAM R.
STREET ADDRESS	255 S. ORANGE AVE. #1350
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	PARR, JOHN H.
STREET ADDRESS	1280 SW 36TH AVE #303
CITY-ST-ZIP	POMPANO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronnie E. Duncan
1.3 STREET ADDRESS	2295 Corporate Blvd. NW #125
1.4 CITY-ST-ZIP	Boca Raton, FL 33431 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Smith
2.3 STREET ADDRESS	1065 Rainer Drive
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James P. Citrano
3.3 STREET ADDRESS	1301 Gulf Life Drive
3.4 CITY-ST-ZIP	Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lynn R. DeLorenzo
4.3 STREET ADDRESS	8751 W. Broward Blvd #100
4.4 CITY-ST-ZIP	Plantation, FL 33324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Scott Peek
5.3 STREET ADDRESS	1511 N. Westshore Blvd #250
5.4 CITY-ST-ZIP	Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	ED <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Parr
6.3 STREET ADDRESS	1280 SW 36th Avenue #303
6.4 CITY-ST-ZIP	Pompano Beach, FL 33069 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 7-10-95
Ronnie E. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)