

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30774** (6)

1. Corporation Name

NATIONAL ASSOCIATION OF OFFICE AND INDUSTRIAL PARKS OF FLORIDA, INC.



Principal Place of Business	Mailing Address
1280 SW 36TH AVENUE SUITE 208 POMPANO BEACH FL 33069 X US	1280 SW 36TH AVENUE SUITE 208 POMPANO BEACH FL 33069 X US

2. Principal Place of Business	2a. Mailing Address
21 2400 W. Cypress Creek Road Suite, Apt. #, etc. 22 Suite 100 City & State 23 Fort Lauderdale, FL Zip 24 33309	25 2400 W. Cypress Creek Road Suite, Apt. #, etc. 26 Suite 100 City & State 27 Fort Lauderdale, FL Zip 28 33309
Country 25 Broward	Country 30 Broward

3. Date Incorporated or Qualified 02/20/1989	3a. Date of Last Report 07/13/1995
4. FEI Number NOT APPLICABLE	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
PARR, JOHN H. 1280 SW 36TH AVENUE XXX 2400 W. Cypress Creek Road SUITE 208 Suite 100 POMPANO BEACH FL 33069 X Fort Lauderdale, FL 33309	<table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>FL</td><td>85 Zip Code</td></tr> </table>	81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	FL	85 Zip Code
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 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: *[Signature]* 1-26-96
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM	1.2 NAME	
STREET ADDRESS	1065 RAINER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, RONNIE E.	2.2 NAME	
STREET ADDRESS	2295 CORPORATE BLVD. NW #125	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITRANO, JAMES P.	3.2 NAME	John H. Lining
STREET ADDRESS	1301 GULF LIFE DRIVE	3.3 STREET ADDRESS	One Independent Dr. #2401
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORENZO, LYNN R.	4.2 NAME	
STREET ADDRESS	8751 W. BROWARD BLVD 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-PEEK, SCOTT-	5.2 NAME	
STREET ADDRESS	--1511 N. WESTSHORE BLVD 250--	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARR, JOHN	6.2 NAME	
STREET ADDRESS	1280 SW 36TH AVENUE #303	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-1-96 938 2137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037(12/95)