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Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moam 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

2400 W. CYPRESS CREEK RD.
SUITE 100
FT. LAUDERDALE FL 33309
US

2400 W. CYPRESS CREEK RD.
SUITE 100
FT. LAUDERDALE FL 33309-1829
US

3. Date Incorporated or Qualified
02/20/1989

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARR, JOHN H.
2400 W. CYPRESS CREEK RD.
SUITE 100
FT. LAUDERDALE FL 33309

81 Name

NERA GARG

82 Street Address (P.O. Box Number is Not Acceptable)

4509 GEORGE RD

83

84 City

TAMPA

FL

85 Zip Code

33634

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

Nera Garg **NERA GARG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, WILLIAM**
STREET ADDRESS **1065 RAINER DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **DUNCAN, RONNIE E.**
STREET ADDRESS **2295 CORPORATE BLVD. NW #125**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE

NAME **LINING, JOHN H**
STREET ADDRESS **ONE INDEPENDENT DR. #2401**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VPD** ☐ DELETE

NAME **DELORENZO, LYNN R.**
STREET ADDRESS **8751 W. BROWARD BLVD 100**
CITY-ST-ZIP **PLANTATION FL**

TITLE **ED** ☒ DELETE

NAME **PARR, JOHN**
STREET ADDRESS **1280 SW 36TH AVENUE #303**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD
Kochler, Debra F.
6200 Courtney Campbell Causeway Suite 600
Tampa FL 33607

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

Debra F. Kochler

7/24/97

813-885-4641