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1995 MAY -1 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **N46351** (5)

1. Corporation Name  
**CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

150 W. FLAGLER STREET SUITE 2850 MIAMI FL 33130

150 W. FLAGLER STREET SUITE 2850 MIAMI FL 33130

2. Principal Place of Business 2a. Mailing Address

21 1350 N.E. 56TH STREET 26 1350 N.E. 56TH STREET

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 33334 25 Country 29 33334 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1991 3a. Date of Last Report 07/26/1994

4. FEI Number 65-0384705 Applied For Not Applicable

5. Certificate of Status Desired  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$69.75 Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

PRELAZ, EDWARD J.  
% PREMISYS R.E. SERVICES, INC.  
150 W. FLAGLER ST., STE. 2850  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name JOHN E. ABDO

82 Street Address (P.O. Box Number is Not Acceptable) 1350 N.E. 56TH STREET

83

84 City FORT LAUDERDALE FL 85 Zip Code 33334

14. 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: JOHN E. ABDO PRESIDENT DATE: 5/9/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELBORN, MICHAEL
STREET ADDRESS	1 RAVINIA DR., STE. 1400
CITY - ST - ZIP	ATLANTA GA
TITLE	V
NAME	ZUCKER-MALTESE, CHER
STREET ADDRESS	1 RAVINIA DR., STE. 1400
CITY - ST - ZIP	ATLANTA GA
TITLE	S
NAME	PRELAZ, EDWARD J.
STREET ADDRESS	150 W. FLAGLER ST., STE. 2850
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	DIAZ, MARLENE E.
STREET ADDRESS	150 W. FLAGLER STREET, STE. 2850
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOHN E. ABDO	
13 STREET ADDRESS	1350 N.E. 56TH STREET	
14 CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	
21 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRANK J. ABDO	
23 STREET ADDRESS	1350 N.E. 56TH STREET	
24 CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	
31 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ALEXANDER M. DUNN	
33 STREET ADDRESS	1350 N.E. 56TH STREET	
34 CITY - ST - ZIP	FORT LAUDERDALE, FL 33334	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	MA	
63 STREET ADDRESS		
64 CITY - ST - ZIP	5-1-95	

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: Alexander M. Dunn ALEXANDER M. DUNN, SECRETARY 5/9/95 (305) 491-2191