

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N46351 (5)**  
 1. Corporation Name

**CENTER PORT BUSINESS PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business: **1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334**  
 Mailing Address: **1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **12/06/1991**  
 3a. Date of Last Report Applied For: **05/01/1995**  
 4. FEI Number: **65-0384705**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334**  
 2a. Mailing Address: **1350 N.E. 56TH ST. FT. LAUDERDALE FL 33334**  
 21. Suite, Apt. #, etc.:  
 22. City & State:  
 23. Zip: Country:  
 24. Zip: Country:

9. Name and Address of Current Registered Agent  
**ABDO, JOHN E**  
**1350 N.E. 56TH ST.**  
**FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent  
 81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. City:  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABDO, JOHN E	
STREET ADDRESS	1350 N.E. 56TH ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABDO, FRANK J	
STREET ADDRESS	1350 N.E. 56TH ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNN, ALEXANDER M	
STREET ADDRESS	1350 N.E. 56TH ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, MARLENE E	
STREET ADDRESS	150 W. FLAGLER STREET, STE. 2850	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	<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 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 on 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 address \_\_\_\_\_

SIGNATURE: *Alexander M. Dunn* Date: **7/19/96** Daytime Phone #: **(954) 491-2191**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALEXANDER M. DUNN**

CR2E037 (3/96)