


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90002 038 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000119

1. Corporation Name
NATIONAL PLANNING CORPORATION OF AMERICA

Principal Place of Business P.O. BOX 24068 LANSING MI 48909	Mailing Address P.O. BOX 24068 LANSING MI 48909
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

3. Date Incorporated or Qualified 11/05/1992	
4. FEI Number 38-3023534	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PIETRZAK, JIM
9800 4TH STREET, NORTH, #400
ST. PETERSBURG FL 33702

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
	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOPPING, ANDREW B	
STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI 48911	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JAY	
STREET ADDRESS	5901 EXECUTIVE DR	
CITY-ST-ZIP	LANSING MI	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	EISENBEIS, AMY D	
STREET ADDRESS	5901 EXECUTIVE DR	
CITY-ST-ZIP	LANSING MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, JAMES L	
STREET ADDRESS	5901 EXECUTIVE DRIVE	
CITY-ST-ZIP	LANSING MI	
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

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLIFFORD J. JACK	
1.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
1.4 CITY-ST-ZIP	LANSING MI 48911	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES L. SIMON	
3.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
3.4 CITY-ST-ZIP	LANSING MI 48911	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREW B. HOPPING	
4.3 STREET ADDRESS	5901 EXECUTIVE DRIVE	
4.4 CITY-ST-ZIP	LANSING MI 48911	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)