

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F30951

1. Corporation Name

NATIONAL FINANCIAL PLANNING SERVICES, INC.



Principal Place of Business

Mailing Address

10520 NW 26TH
MIAMI, FLORIDA N 33172

10520 NW 26TH
MIAMI, FLORIDA N 33172

2. Principal Place of Business

2a. Mailing Address

21 201 Alhambra Cir.

26 201 Alhambra Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 510

27 Suite 510

City & State

City & State

23 Coral Gables Fla

28 Coral Gables Fla

Zip

Country

Zip

Country

24 33134

25 Dade

29 33134

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/16/1981

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2614923

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

OLIVER, ROBERT M., III
10520 NW 26TH ST
MIAMI, FL 33172

81 Name

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

201 Alhambra Cir

83

Suite 510

84

City
Coral Gables

FL

85 Zip Code

33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PED	<input type="checkbox"/> DELETE
NAME	OLIVER, ROBERT M III	
STREET ADDRESS	10520 NW 26TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BITTER, GEORGE C.	
STREET ADDRESS	10520 NE 26 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BLANCO, PLACIDO	
STREET ADDRESS	10520 NW 26TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	SVD VP Dir	<input type="checkbox"/> DELETE
NAME	FELDMAN, LYNN M.	
STREET ADDRESS	10520 NW 26TH ST	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	201 Alhambra Cir. - Suite 510
1.4 CITY - ST - ZIP	Coral Gables Fla 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEIDE N OLIVER
2.3 STREET ADDRESS	201 Alhambra Cir - Suite 510
2.4 CITY - ST - ZIP	Coral Gables Fla 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	201 Alhambra Cir - Suite 510
3.4 CITY - ST - ZIP	Coral Gables Fla 33134
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.D
4.3 STREET ADDRESS	201 Alhambra Cir - Suite 510
4.4 CITY - ST - ZIP	Coral Gables Fla 33134
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALAN Schuch
5.3 STREET ADDRESS	201 Alhambra Cir. - Suite 510
5.4 CITY - ST - ZIP	Coral Gables Fla.
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/94 305 446668
Date Daytime Phone #

CR2E034 (12/95)