

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000001092 (4)**

1. Corporation Name

NATIONAL FINANCIAL ADVISORS, INC.



Principal Place of Business

**250 GEIGER ROAD
PHILADELPHIA PA 19115**

Mailing Address

**250 GEIGER ROAD
PHILADELPHIA PA 19115**

3. Date Incorporated or Qualified
03/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 **715 TWINING RD**

2a. Mailing Address

26 **715 TWINING RD**

4. FEI Number
23-2673484

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **SUITE 202**

Suite, Apt. #, etc.

27 **SUITE 202**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **DRESHER PA**

City & State

28 **DRESHER PA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 **19025**

Country

25 **MONTGOMERY**

Zip

29 **19025**

Country

30 **MONTGOMERY**

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

9. Name and Address of Current Registered Agent

**BROWN, JEFFREY C
2900 14TH STREET, SUITE 14
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD BROWN, JEFFREY C**
STREET ADDRESS **560 PENLLYN-BLUE BELL PIKE**
CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ DELETE

NAME **TDS PATRYLAK, LARISSA**
STREET ADDRESS **1235 FARVIEW ROAD**
CITY-ST-ZIP **VILLANOVA PA 19085**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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

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: *Larissa Patrylak* **LARISSA PATRYLAK** 5/6/96 (215) 881-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)