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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

715 TWINING RD
SUITE 202
DRESHER PA 19025
US

Mailing Address

715 TWINING RD
SUITE 202
DRESHER PA 19025-1833
US

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

05/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 Applicable)

83

84 City

Naples

FL

85 Zip Code

34103

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 a natural person, and accept this appointment pursuant to Section 607.0505, Florida Statutes.

SIGNATURE

Jeffrey C. Brown

(NOTE: Registered Agent signature required when reinstating)

3/31/97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
PD
BROWN, JEFFREY C
580 PENILLYN-BLUE BELL PIKE
BLUE BELL PA 19422

1.2 NAME ☐ DELETE

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

1.3 NAME ☐ DELETE

1.4 NAME

1.5 NAME

1.6 NAME

1.7 NAME

1.8 NAME

1.9 NAME

1.10 NAME

1.11 NAME

1.12 NAME

1.13 NAME

1.14 NAME

1.15 NAME

1.16 NAME

1.17 NAME

1.18 NAME

1.19 NAME

1.20 NAME

1.21 NAME

1.22 NAME

1.23 NAME

1.24 NAME

1.25 NAME

1.26 NAME

1.27 NAME

1.28 NAME

1.29 NAME

1.30 NAME

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 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.

SIGNATURE:

Larissa Patrylak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97 (215) 881-7000

Date

Daytime Phone #

0007881

CR2E034 (9/96)