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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

Block 12 or Block 13 if ch

o attachment with an address



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 08 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F9500001092 (4)

NATIONAL FINANCIAL ADVISORS, INC. Principal Place of Business Mailing Address 715 TWINING RD 715 TWINING RD SUITE 202 SUITE 202 **DRESHER PA 19025** DRESHER PA 19025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 23-2673484 26 Not Applicable Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country 2ϕ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BROWN, JEFFREY C 81 243 COLONADE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 83 84 City 85 Zip Code oth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607,0505, Florida Statutes. office or registered agent, agent. I am fam SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 111016 Change Addition **B**ROWN, JEFFREY C NAME 12 NAME **66**0 Penllyn-blue bell pike STREET ADORESS 1.3 STREET ADDRESS **Bl**ue Bell pa 19422 CITY-ST-ZIP 1.4 CHY-ST-ZIE DELETE TITLE የበተ Change 21 TITLE Addition Patrylak, Larissa NAME 2.2 NAME 1235 FARVIEW ROAD STREET ADDRESS 2.3 STREET ADDRESS **Vi**llanova pa 19085 City-St-7iP 2. 4 CITY-ST-ZIP DELETE 3.1 DRCE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP TITLE DELETÉ Addition 61 THLE Change NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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 13 if chapter or directors.

chdoa