

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

FILED
May 12 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 # G31591 (2)

1. Corporation Name
NATIONAL FINANCIAL PLANNING, INC.

Principal Place of Business

1310 GULF BLVD APT 6F
CLEARWATER FL 34630
US

Mailing Address

1310 GULF BLVD APT 6F
CLEARWATER FL 34630-2880
US



2. Principal Place of Business

21 113 LINDSAY LANE

Suite, Apt. #, etc.

22 City & State

23 Oldsmar, FL

24 Zip 34677

25 Country U.S.A

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

g. Name and Address of Current Registered Agent

KANE, HERBERT G
1310 GULF BLVD APT 6F
CLEARWATER FL 34630

3. Date Incorporated or Qualified

04/01/1983

3a. Date of Last Report

06/27/1996

4. FEI Number

59-1874421

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

81 Name

HERBERT G KANE

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

113 LINDSAY LANE

83

84 City

Oldsmar

FL

85 Zip Code

34677

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 PD
NAME KANE, DEBORAH L
STREET ADDRESS 1310 GULF BLVD APT 6F
CITY - ST - ZIP CLEARWATER FL
☒ DELETE

TITLE VD
NAME KANE, BARBARA A
STREET ADDRESS 4935 TURTLE CREEK TRAIL
CITY - ST - ZIP OLDSMAR FL
☒ DELETE

TITLE SD
NAME HALL, MICHAEL T.
STREET ADDRESS 4935 TURTLE CREEK TRAIL
CITY - ST - ZIP OLDSMAR FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME HERBERT G. KANE
1.3 STREET ADDRESS 113 LINDSAY LANE
1.4 CITY - ST - ZIP OLDSMAR, FL 34677
☒ Change ☐ Addition

2.1 TITLE ~~Vice President~~
2.2 NAME ~~BARBARA A. KANE~~
2.3 STREET ADDRESS ~~113 LINDSAY LANE~~
2.4 CITY - ST - ZIP ~~OLDSMAR, FL 34677~~
☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME KANE, DEBORAH L.
3.3 STREET ADDRESS 113 LINDSAY LANE
3.4 CITY - ST - ZIP OLDSMAR, FL 34677
☒ Change ☐ Addition

4.1 TITLE KANE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

813 787-4037

Daytime Phone #

0450400

CR2E034 (9/96)