

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 # **G49869** (2)

1. Corporation Name

NATIONAL PENSION PLANNING SERVICES, INC.



Principal Place of Business

Mailing Address

~~10520 NW 26TH ST~~
~~MIAMI FL 33172~~

10520 NW 26TH ST
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 **9501 S.W. 61 Ct.**

26 **9501 S.W. 61 Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33156**

25 **Dade**

29 **33156**

30 **Dade**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/29/1983

3a. Date of Last Report

04/25/1995

4. FEI Number

59-2361014

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
SUITE 100
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9501 S.W. 61 Ct.

83

84 City

Miami

FL

85 Zip Code

33156

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 of Registered Agent or person authorized to execute this statement)

(Signature of Agent for changing its registered office or agent)

(Date of Signature)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
DEP	OLIVER, ROBERT M., III <i>Oh</i>	10520 NW 26TH ST	MIAMI FL	☐
ST	OLIVER, HEIDE N. <i>Oh</i>	10520 NW 26TH ST	MIAMI, FL 00000	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	☒ Change ☐ Addition
		9501 S.W. 61 Ct.	Miami, Florida, 33156	☒ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐ Change ☐ Addition
		9501 S.W. 61 Ct.	Miami, Florida 33156	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change ☐ Addition
				☐ Change ☐ Addition

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 is based on the 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 or on an attachment with an address.

SIGNATURE:

R.M. Oliver III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.M. Oliver III

4/24/96

305 444668

Daytime Phone

CR2E034 (12/95)