

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

FILED

Mar 19 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 # **F74047** (4)
1. Corporation Name
NATIONAL PLANNING CORPORATION



Principal Place of Business

Mailing Address

999 BRICKELE AVE
SUITE 800
MIAMI FL 33131
US

999 BRICKELE AVE
SUITE 800
MIAMI FL 33131-3043
US

3. Date Incorporated or Qualified
03/29/1982

3a. Date of Last Report
03/15/1996

4. FEI Number
59-2295932

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DATRAM CORPORATE AGENTS, INC.
2601 S. BAYSHORE DR. PHI
MIAMI FL 33133**

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 _____ DATE _____
(NOTE: Registered Agent Signature required when existing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1101	PD NEWMAN, JEFFREY 1450 W. 25TH ST. MIAMI BEACH FL EVP	<input type="checkbox"/> DELETE
1102	STEIN, EDWARD A 10887 TEA OLIVE LANE BOCA RATON FL	<input type="checkbox"/> DELETE
1103		<input type="checkbox"/> DELETE
1104		<input type="checkbox"/> DELETE
1105		<input type="checkbox"/> DELETE
1106		<input type="checkbox"/> DELETE
1107		<input type="checkbox"/> DELETE
1108		<input type="checkbox"/> DELETE

111 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	
113 STREET ADDRESS	
114 CITY- ST- ZIP	
211 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
212 NAME	
213 STREET ADDRESS	
214 CITY- ST- ZIP	
311 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
312 NAME	
313 STREET ADDRESS	
314 CITY- ST- ZIP	
411 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
412 NAME	
413 STREET ADDRESS	
414 CITY- ST- ZIP	
511 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
512 NAME	
513 STREET ADDRESS	
514 CITY- ST- ZIP	
611 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
612 NAME	
613 STREET ADDRESS	
614 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 included 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. 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 on Block 12 or 13, or is included on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

CR2E034 (9/96)