

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90103 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F74047**  
 1. Corporation Name  
**NATIONAL PLANNING CORPORATION**



|   |   |
|---|---|
| Principal Place of Business                           | Mailing Address                                       |
| 999 BRICKELE AVE<br>SUITE 800<br>MIAMI FL 33131<br>US | 999 BRICKELE AVE<br>SUITE 800<br>MIAMI FL 33131<br>US |

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 999 BRICKELL AVE.           | 26 999 BRICKELL AVE.   |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. |
| 23 City & State                | 28 City & State        |
| 24 Zip Country                 | 29 Zip Country         |
| 25                             | 30                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified   | Applied For  |
| 03/29/1982  | Not Applicable   |
| 4. FEI Number   |  |
| 59-2295932  |  |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>  |  |
| 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees                              |
| <input type="checkbox"/>  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
| 83  |             |
| 84 City   |             |

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 2/5/99  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input type="checkbox"/> DELETE            |
| NAME           | NEWMAN, JEFFREY      |  |
| STREET ADDRESS | 1450 W. 25TH ST.     |  |
| CITY-ST-ZIP    | MIAMI BEACH FL       |  |
| TITLE          | EVP                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | STEIN, EDWARD A      |  |
| STREET ADDRESS | 10887 TEA OLIVE LANE |  |
| CITY-ST-ZIP    | BOCA RATON FL        |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | VP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Geoffrey Kasher              |  |
| 1.3 STREET ADDRESS | 3101 Port Royale Blvd., #328 |  |
| 1.4 CITY-ST-ZIP    | Ft. Lauderdale, FL 33308     |  |
| 2.1 TITLE          | VP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Heather Kelly                |  |
| 2.3 STREET ADDRESS | 8189 Mizner Lane             |  |
| 2.4 CITY-ST-ZIP    | Boca Raton, FL 33433         |  |
| 3.1 TITLE          | VP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | John Ruffa                   |  |
| 3.3 STREET ADDRESS | 122 CoCo Plum Circle         |  |
| 3.4 CITY-ST-ZIP    | Royal Palm Beach, FL 33411   |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                              |  |
| 4.3 STREET ADDRESS |                              |  |
| 4.4 CITY-ST-ZIP    |                              |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-ST-ZIP    |                              |  |

14. I 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: DATE 2/5/99 DAYTIME PHONE # 305-371-6333  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (11/98)