

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

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Feb 11 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 # 593086 (2)  
1. Corporation Name  
A-COIN & STAMPS GALLERY, INC.



Principal Place of Business: 6217 ST AUGUSTINE RD JACKSONVILLE FL 32217  
Mailing Address: 6217 ST AUGUSTINE RD JACKSONVILLE FL 32217-2508

3. Date Incorporated or Qualified: 11/15/1978  
3a. Date of Last Report: 05/01/1996

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
		26			59-1866872	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
					<input checked="" type="checkbox"/>	
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Zip	29	Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HATCHETT, WILLIAM R 6217 ST AUGUSTINE RD JACKSONVILLE, FL 32217				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: *William R. Hatchett* WILLIAM R. HATCHETT 2/5/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E034 (9/96)
NAME	HATCHETT, RUTH W.		1.2 NAME	HATCHETT WILLIAM R JR			
STREET ADDRESS	6217 ST AUGUSTINE RD		1.3 STREET ADDRESS	6217 ST AUGUSTINE ROAD			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	JACKSONVILLE FL			
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATCHETT, WILLIAM R IV		2.2 NAME				
STREET ADDRESS	6217 ST AUGUSTINE RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HATCHETT, WILLIAM R., JR		3.2 NAME				
STREET ADDRESS	6217 ST. AUGUSTINE ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 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: *William R. Hatchett Jr* WILLIAM R. HATCHETT JR 2/5/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #