

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717317 (2)
 1. Corporation Name
ST. PETERSBURG COIN CLUB, INC.



Principal Place of Business P O BOX 7626 ST. PETERSBURG FL 33734-7626 US	Mailing Address P O BOX 7626 ST. PETERSBURG FL 33734-7626 US
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3. Date Incorporated or Qualified 10/08/1969	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	4. FEI Number 59-2417390	Applied For Not Applicable
SAME SAME		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
SAME SAME		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
SAME SAME		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROUSSELL, ROBERT
1104-17TH AVE N.
STE 203
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VONDERHAAR, RICHARD	
STREET ADDRESS	6809 - 122ND ST. N.	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAWTHON, JOHN	
STREET ADDRESS	1517 NORFOLK ST NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IRWIN, EDWARD, B	
STREET ADDRESS	5200 28TH ST N L529	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROUSELL, ROBERT J	
STREET ADDRESS	1104-17TH AVE N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALG, STEPHEN D.	
STREET ADDRESS	5235-20TH ST. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERHART, LARRY	
STREET ADDRESS	11632 92ND WAY N	
CITY - ST - ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D BILL BAKER
1.3 STREET ADDRESS	6800 - 17 ST. N
1.4 CITY - ST - ZIP	ST. PETE, FL 33712
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEPHEN D. SALG
2.3 STREET ADDRESS	5235-20 ST. N
2.4 CITY - ST - ZIP	ST. PETERSBURG FL 33714
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S SAME
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P SAME
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33704
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T BRENDA J. PENDLEY
5.3 STREET ADDRESS	3840 - 61 ST NO.
5.4 CITY - ST - ZIP	St. Petersburg, FL 33709
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D JOHN CARNEY
6.3 STREET ADDRESS	334 - 48 AVE No #136
6.4 CITY - ST - ZIP	ST. PETE, FLA - 33703

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda J. Pendley 6-11-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (3/96)